



# Euthanasia Prevention Coalition

## NEWSLETTER

Number 119

June 2011

### Third International Symposium - Tremendous Success

Highlights of symposium are included here. The DVD's of the Symposium will be available in early July for \$50 for the complete set.

**International Leaders:** determined the need for a common, effective language for the debate. Hugh Scher, legal counsel for EPC, was appointed to guide the effort of distilling our common ideas into a recognizable brand.

An international leaders' team was appointed: Paul Russell (Australia), Peter Saunders (UK), Margaret Dore (US), Nancy Elliott (US), and Mark Pickup (Canada). Paul Russell was appointed as Vice-Chair; Alex Schadenberg continues as Chair.

**Rita Marker** (US) provided a history of the euthanasia movement in America. She urged the participants to focus on the language of the debate.

**Henk Reitsema** (Netherlands) revealed the changes in Holland since euthanasia was legalized ten years ago. Dutch citizens between 12 and 64 years of age have the lowest death rates in Europe, yet they have the highest death rates at birth and in old age. They are now



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### Ontario Court of Appeals Hears Rasouli Case

On May 18, Alex Schadenberg was in a Toronto court room witnessing the arguments in the Rasouli case. The Rasouli family is asking the court to uphold Justice Himel's decision that the doctors are required to obtain consent before withdrawing medical treatment. The Rasouli case will decide whether physicians can withdraw life-sustaining medical treatment without the consent of the patient or family. The Euthanasia Prevention Coalition (EPC), represented by lawyers Hugh Scher and Mark Handelman, was granted intervenor status in the case.

Mr. Underwood, the lawyer for

the doctors in the Rasouli case, argued that according to common law, doctors are not required to obtain consent before withdrawing medical treatment that the doctor deems to be futile.



Mr. Hodder, representing Hassan Rasouli, argued that withdrawing a ventilator falls within the definition of medical treatment. He quoted the wide definition of medical treatment used by the Ontario government. Withdrawing a ventilator would fall within the definition of a medical act, and therefore requires consent. He also questioned the PVS diagnosis of his client, and emphasized the high rate of misdiagnosis of PVS.

The assistant lawyer for the Rasouli family emphasized that Mr. Underwood has misinterpreted common law. He traced the history

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dying at a younger age. The practice of euthanasia by sedation and dehydration has risen dramatically, as it avoids the paper work of the legal euthanasia, and so is not reported.

**Paul Russell** (*Australia*) reported on the defeat of the euthanasia bills in South Australia. He emphasized the effective support of Margaret Dore and EPC. As the euthanasia lobby is changing, Paul is adapting his message.

**Peter Saunders** (*England*) outlined the many developments in Europe. Even though assisted suicide remains illegal in the UK, the prosecution guidelines are being abused in favour of death.

**Gordon Macdonald** (*Scotland*) described the defeat of the Margo MacDonald euthanasia bill. He outlined the winning strategies, and emphasized that the next challenge by the euthanasia lobby will be more difficult.

**Nancy Elliot** (*New Hampshire*) underscored the importance of maintaining a focused message. She successfully convinced the legislature to oppose assisted suicide.



**Bradley Williams** (*Montana*) explained that assisted suicide is not legal in Montana, and described his grass-roots approach to strengthen opposition to assisted suicide in his state.

**Linda Couture** (*Quebec*) detailed how they have built a strong opposition to euthanasia and assisted suicide in



Quebec. They continue to challenge the Quebec Dying with Dignity committee to not permit euthanasia as “palliative care”.

**Harry van Bommel** (*Ontario*) urged us to maintain the founding principles of the hospice movement. He emphasized the personal and social importance of caring for friends and family.

**Dr. Margaret Cottle** (*British Columbia*) spoke of the long and caring heritage of medicine, and explained the long history of doctors refusing to kill their patients. She described our ethical heritage as an old growth forest: it takes centuries to grow, but can easily be cut down. She coined the term “culturally green”.



**Alex Schadenberg** (*Ontario*) examined a series of recent studies, finding (1) People with manageable depression are dying by euthanasia in the Netherlands and assisted suicide in Oregon. (2) more than 30% of all euthanasia deaths in Belgium are done without request or consent and nearly 50% of all euthanasia deaths in Belgium are not reported. (3) the eugenic language of the Groningen protocol permits the euthanasia of infants with disabilities in the Netherlands.

**Senator Helen Polley** (*Tasmania*) detailed the long history of the relentless euthanasia lobby in Australia. At federal, state and territory levels, their efforts so far have been blocked. Senator Polley was truly inspiring.

**Msgr Barreiro** (*Rome*) demonstrated how the nature of the human person requires respect for the dignity of every individual.

**Joe Comartin** (*Ontario*) shared the findings of the Parliamentary Committee on Palliative and Compassionate Care. If the government of Canada commits to a program of change in the care it provides to vulnerable people, the demand for euthanasia would drop substantially. He stated that we have a lot of work to do but he has hope.

**Krista Flint** ( ) and **Rhonda Wiebe** (*Manitoba*) taught us how to re-frame the debate around euthanasia. Images and stories from our lived experience can deeply imprint a culture. Similar messages presented in different ways can produce very different responses.

**Margaret Dore** (*Washington*) used examples from the recent campaigns in Montana, New Hampshire and Washington State to demonstrate the messages that worked vs. messages that didn't work. She emphasized that we must use "message discipline": very specific language to frame our message so that mainstream society will agree.

**Nick Goiran**

(*Western Australia*) outlined the campaign to defeat the euthanasia bill in his state. Nick emphasized the importance of one-on-one meetings, and explained how he effectively compared euthanasia to the capital punishment debate in Australia.



**Hugh Scher** (*Ontario*) described EPC's involvement in the Hawryluck vs Scardoni and Rasouli court cases. These important precedent-setting cases are already affecting medical decision-making in Canada. Hugh also spoke about the recent court challenges by the Farewell Foundation in BC and the BC Civil Liberties Association, designed to strike down Canada's laws prohibiting euthanasia and assisted suicide.

**Mark and Laree Pickup** (*Alberta*) described their emotional roller coaster ride since Mark was diagnosed with MS nearly 30 years ago. Once an active and athletic man, Mark now requires assistance and support for many daily tasks. Mark stated with clarity that he is thankful that euthanasia was not available during the early years of his despair, as he might have taken the lethal dose. Laree told us that she considered divorcing Mark to start a new life without a husband with disabilities. As he has accepted his disabilities, Mark has found great dignity and happiness in his life. Mark urged us to actively enter interdependent community with each other. The ideology of the euthanasia lobby values life only in what a person does; we must value who a person is.

The Third International Symposium concluded with an announcement by Peter Saunders and Gordon Macdonald that the Euthanasia Prevention Coalition International will co-host a European Symposium in Scotland, possibly in June 2012 and an announcement by Paul Russell that the Euthanasia Prevention Coalition International will co-host a Australasian Symposium in Australia, possibly in September 2012.

The goals that were set-out before the Third International Symposium were surpassed. The Symposium was a tremendous success. Most of the world leaders were present. Together, they updated and challenged the participants of the Symposium. Together, they created an effective, unified and active group of leaders. Together, they will continue to build successful campaigns turn the tide on the cultural paradigm of euthanasia and assisted suicide.

New International Leadership Team was formed, consisting of

Alex Schadenberg, Canada, international chair

Paul Russell, Australia vice-chair

Dr. Peter Saunders, England

Dr. Gordon MacDonald, Scotland

Margaret Dore, Washington, D.C.

Nancy Elliot, New Hampshire

Mark Pickup, Alberta, Canada

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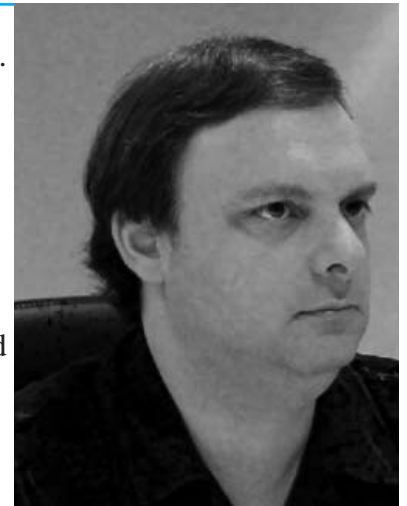
of the cases in the UK and then showed that, even in the UK, a process exists for making similar medical decisions to the Rasouli case. Therefore, even in the UK doctors do not have the unilateral right to withdraw medical treatment.

Mr. Scher argued that Justice Himel was correct. Doctors do not have the unilateral right to withdraw life-sustaining treatment and where a disagreement exists, these decisions are properly decided by the Consent and Capacity board. Mr. Scher further argued that if medical treatment is defined as part of a treatment plan, then withdrawing life-sustaining medical treatment is a change in a treatment plan, and requires the doctor to obtain consent.

Withdrawing life-sustaining medical treatment often results in the death of the person. If courts grant doctors the unilateral right to withdraw medical treatment, the courts do not protect people who are misdiagnosed, or not actually dying, and it does not respect the beliefs and values of people who uphold a

faith or ethical tradition.

EPC has received a legal bill for the Rasouli case in excess of the original \$20,000 estimate. The lawyers for the doctors forced our lawyers to appear before a judge to defend our application to intervene. This cost was not calculated into the original estimates. We have raised a little more than \$4,000 towards the \$20,000 plus cost leaving us in need of substantial support towards the cost of this case. We hope the decision is released by the end of June.



**Hugh Scher** is legal counsel for EPC at the Court of Appeals.

## The Calm Before the Hurricane

One year after we celebrated the defeat of Bill C-384, we are once again embroiled in a huge battle to maintain our current laws prohibiting euthanasia and assisted suicide and protect people in vulnerable conditions from the pressure of dying by a lethal dose.

In British Columbia, the Farewell Foundation was organized to assist the suicide deaths of their members, similar to Dignitas in Switzerland. The Farewell Foundation applied to the BC Registrar of Companies for a charter of incorporation, and were denied because they existed solely to break the criminal code.

The Farewell Foundation is now appealing the decision of the Registrar of Companies, claiming that Section 241 of the Criminal Code of Canada (the law prohibiting assisted suicide) is unconstitutional and therefore the Registrar of Companies was wrong to deny the Farewell Foundation incorporation.

EPC has is now involved in the Farewell Foundation case, arguing that the Foundation does not have legal standing to challenge Section 241 of the Criminal Code.

In a second case in British Columbia, the Carter family claims that they broke Canadian law in 2010 by helping their mother, Kay Carter, to go to Switzerland

to die in the Dignitas suicide center. Representing the Carter family, the BC Civil Liberties Association (BCCLA) is challenging Section 241 and 222 of the criminal code. The BCCLA is arguing that the laws that prohibit assisted suicide and euthanasia are both unconstitutional.

In their attempt to legalize euthanasia and assisted suicide, the BCCLA has taken a radical position: they argue that the only limits to assisted suicide that can be upheld by Canadian law are those that ensure that the person is competent and consenting. It appears likely that the court will grant the BCCLA standing, so the Carter case will be heard and will move through the courts. EPC is seeking full-intervention status in these cases and we intend to counter these arguments as far as the Supreme Court of Canada.

EPC will need your support. We are convinced that our impressive victory in parliament convinced the euthanasia lobby that they were not able, anytime in the near future, to legalize euthanasia by democratic means and have chosen to move their focus into the courts where they may be able to find a sympathetic Judge. With your help we will also defeat the euthanasia lobby in the court.

## Exit Bag/Suicide Kit Company Raided by FBI

It has been confirmed by media reports that the FBI raided the home/business of Sharlotte Hydorn who has been selling Suicide/Asphyxiation Exit Kits by mail order upon request. Hydorn who operates the online mail order suicide kit business, GLADD, opened her door this morning to 12 FBI agents who had a Search Warrant.

Hydorn reported that officials took about 20 Exit bag/suicide kits that were ready to mail out. Officials also showed her a list of kits she put in the mail Tuesday and intercepted those kits at the post office.

Earlier this month, the Oregon State Senate unanimously voted to ban the sale of Exit Bag/suicide kits in Oregon after the death of twenty-nine year old Oregon resident Nick Klonski (*left*) who was living with chronic depression.

Hydorn has acknowledged that she does not screen buyers of the Exit bag suicide kits, which she sells with instructions. She confirmed that Klonski purchased one of her kits last June, though he gave no reason.

Oregon State Senator Floyd Prozanski, (*right*) who sponsored the bill stated:

“Any kid who suffers from depression after losing their first boyfriend or girlfriend and thinking the world is over has access to this right now.”

Dr. Eric Hollander (*right*), clinical professor of psychiatry and behavioral sciences at Albert Einstein College of Medicine in New York, told ABC News

that it is critical that individuals with psychiatric disorders resist acting on suicidal thoughts or impulses by helping them view their situation in a more realistic perspective.

Dr. Hollander stated:

“The problem is that with increased access to such a device to terminate life, some individuals might be enabled to act on a whim or impulse to kill themselves, whereas if this was not readily available, patients might obtain help for their underlying mental disorder, or view their situation from alternative or more realistic perspectives,”

Agents also seized Hydorn’s computers and sewing machine, and her correspondence with individuals at the Final Exit Network. Once again, the mail order distribution of the Asphyxiation Bag proves that the suicide lobby is not concerned with whether or not a person is competent, terminally ill or actually suffering. They are only concerned with promoting a philosophical point of view, that death is an answer to difficult personal situations.

Vulnerable people need to be protected from those who would promote suicide as an answer to difficult personal situations. Hydorn suggests that ‘dying by asphyxiation is simply a matter of choice’. Nick Klonski’s family understands that when someone is living with chronic depression or mental illness that the sale of Exit Bags via the internet can be steered to suicide, whereas Nick might have otherwise sought help.