



# Euthanasia Prevention Coalition

## NEWSLETTER

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### *British Columbia: EPC Renewed*

On Friday, August 19, EPC – BC held a meeting in Vancouver BC to re-constitute its leadership and determine who will accept roles and obligations in the next year as we work to stop the BCCLA Carter/Taylor case that is attempting to remove legal protections from euthanasia and assisted suicide in Canada.

#### ***Dr. Will Johnston accepts leadership of EPC - BC***

A strong leadership team has formed around Dr. Johnston and the organization is once again becoming an active participant in the euthanasia/assisted suicide debate in BC.

Dr. Johnston and lawyer Marion Randall have also agreed to be the media spokespeople for the group in BC. This is particularly important considering that the legal debate is occurring in BC.

***Dr. Will Johnston can be contacted at:***

***willjohnston@shaw.ca***

### **Quebec woman wants to strike down assisted suicide law**

Ginette Leblanc, a Quebec woman who lives with amyotrophic lateral sclerosis (ALS), is challenging Canada's law that protects vulnerable people from assisted suicide.

An article written by Marianne White and published in postmedia news reports that Leblanc, along

with her lawyer Rene Duval, intend to bring their case to the Supreme Court of Canada, in the same way as the BC Civil Liberties Association (BCCLA / Carter case) is also challenging our laws that protect people from being directly and intentionally killed.

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### **Farewell Foundation case rejected.**

#### ***BCCLA case is a Recipe for Elder Abuse***

As expected the Farewell Foundation case that was launched in Feb 2011 to overturn Canada's laws protecting people from assisted suicide was rejected by a BC Judge because it lacked standing in the court.

The BC Civil Liberties Association (BCCLA) - Carter/Taylor case continues to move through the courts. The BCCLA Carter/Taylor case is expected to be heard by Justice Lynne Smith beginning November 14, 2011. The Eutha-

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### **New Hampshire Conference**

Living with Dignity New Hampshire and the Euthanasia Prevention Coalition are organizing a one-day conference **Friday Nov 4 2011** at the Crown Plaza hotel in Nashua New Hampshire. Speakers include:

Former NH State Rep **Nancy Elliott**, Seattle lawyer **Margaret Dore**, **Alex Schadenberg**, Euthanasia Prevention Coalition, **Diane Coleman** and **Stephen Drake** – Not Dead Yet and others.

Registration Cost \$40.00

Register by email at: **info@epcc.ca**

or call: **1-877-439-3348**.

## Insight

### Holland's Predictable Slide to the Bottom

*Since the doctors began to flirt with killing, the attraction has grown*

#### **Dutch Physicians Association Demands All Doctors Become Involved in Killing**

The new euthanasia position paper by the Dutch Physicians Association (KNMG) states that physicians who are not willing to lethally inject or prescribe a lethal dose for their patients are “ethically” required to refer their patients to a physician who will euthanize their patient.

The Dutch euthanasia law does not require physicians to euthanize their patients, but the KNMG is urging doctors to refer their patients to death. This new position may be in response to a recent poll by a Dutch TV program that showed that approximately 1/3 Dutch physicians were refusing to do euthanasia, 75% stated they were unwilling to euthanize a patient who was not suffering now but feared future suffering; 80% were unwilling to prescribe a lethal dose or lethally inject a patient who was “tired of living,” but otherwise neither dying nor suffering.

#### **New KNMG Report Urges Doctors To Euthanize Patients Who Are Not Terminally Ill**

Radio Netherlands explains that the new KNMG report urges doctors to euthanize their patients who are not terminally ill or necessarily suffering but who experience multiple fragile health conditions that make life difficult.

The Radio Netherlands article states: *At the moment, there are approximately one million elderly people in the Netherlands with multi-morbidity (two or more long-term diseases or ailments) and that number is expected to rise to 1.5 million in the course of the coming decade. As people age, many suffer from a complex array of gradually worsening problems, which can include poor eyesight, deafness, fatigue, difficulty in walking and incontinence... loss of dignity, status, financial resources.... social network and social skills.*

*Although this accumulation of ailments and diseases is not life-threatening... it does have a negative impact on the quality of life and makes the elderly vulnerable or fragile.*

In other words, the KNMG is stating that dutch physicians can euthanize a person who is not dying:

loneliness, depression, disability and dementia are also acceptable reasons. The KNMG is also stating that euthanasia is necessary to reduce the costs associated with the aging population.

#### **KNMG Urges Non-Medical Euthanasia**

The KNMG now says that non-medical factors such as income or loneliness must be considered. In an interview broadcast on Dutch television, KNMG chair Arie Nieuwenhuijzen Kruseman said weighing up non-medical factors was far from simple:

*“It’s quite possible that the same constellation of factors would be experienced as unbearable and lasting suffering by one patient but quite tolerable by another. This makes it extremely difficult.”*

That is not enough to cause the KNMG to hesitate:

*“It doesn’t always have to be a physical ailment... It doesn’t always have to be a terminal disease.”*

#### **The Expansion Of Euthanasia And Assisted Suicide Has Been Constant And Deliberate**

Decriminalizing euthanasia has resulted in lowering the bar from the initial requirements of terminal illness and uncontrollable pain. It appears that the KNMG is caving in to the Dutch euthanasia lobby who want euthanasia for people who are over the age of 70 and “tired of living.” What has happened in the Netherlands can and will occur in other jurisdictions, if they legalize euthanasia and/or assisted suicide.

#### **Euthanasia And Assisted Suicide Are Under-Reported**

While a 2005 Netherlands report insists that 80.2% of all euthanasia or assisted suicide deaths are reported, a recent study in the British Medical Journal (Oct 2010) found that only 52.8% of the euthanasia deaths in Belgium were reported. The unreported deaths were often “unconventional.” For instance, a written request was not present, a palliative care consultation was not done, euthanasia was accomplished by opioids or sedatives, or the act was performed by a nurse.

Recent reports indicate increasing numbers of reported euthanasia deaths. Unreported deaths likely double the public numbers.

## Research Article Was False When Published In 2007 And Remains False Today

Writing in the Journal of Medical Ethics in 2007, long-time euthanasia advocate Margaret Battin examined the Dutch (5 year) euthanasia reports and the annual assisted suicide reports from Oregon. She concluded that there is no evidence that vulnerable groups were adversely affected by the legalization of euthanasia and/or assisted suicide in 2002.

Alex Schadenberg, executive director of the Euthanasia Prevention Coalition, responded: “This is a study that, at best, can be referred to as propaganda.”

Battin’s false research paper is used by the suicide lobby to dismiss fear of a “slippery slope” when euthanasia is legalized. The new euthanasia position paper from the Dutch Physicians Association confirms Schadenberg’s assessment.

The 2005 Netherlands report shows:

- 2297 euthanasia deaths and 113 deaths by assisted suicide in the Netherlands in 2005
- approximately 550 deaths without explicit request or consent, not included in 2297 above

Reporting on Belgium, the Canadian Medical Association states that up to 32% of all euthanasia deaths are being done without explicit request or consent. Furthermore, 45% of all euthanasia deaths executed by nurses were done without explicit request or consent.

The doctors’ decision to lethally inject the person without consent, was made because the patient was comatose (70.1%), had dementia (21.1%), or the doctor thought the discussion would be upsetting (8.2%).

Stephen Drake, the research analyst for the disability rights group Not Dead Yet made an excellent response to Battin’s dismissal of the “slippery slope”:

*“The term ‘slippery slope’ has always included the idea that the practices of assisted suicide and euthanasia will expand beyond the original ‘target population.’ This has happened in the Netherlands, which has given the green light to both infanticide of disabled infants and facilitation of the suicides of some people with psychiatric labels.”*

As we have said before... Choice is an illusion.

### Notes From Canada and Around the World

#### ***EPC Responds as Rasouli Decision Appealed to Supreme Court.***

EPC was very disappointed when it learned that the Rasouli decision that was unanimously made by the three Judge panel of the Ontario Superior Court was being appealed to the Supreme Court of Canada.

EPC responded, as an intervener in the case, by sending a legal opinion to the Supreme Court concerning the “leave for appeal” that was submitted by the lawyers for the doctors.

We hope that the Supreme Court decides not to hear appeal. If the Court decides to hear the case we will, once again, intervene.

#### ***Petition to the Attorney General of Canada.***

EPC is circulating a petition to the Attorney General of Canada asking him to support the strongest possible opposition to the legalization of euthanasia and/or assisted suicide in Canada.

The petition will be mailed to supporters, and will be downloadable from our website. We will also establish a special website concerning the Carter vs Canada case and make the petition available there.

We ask you to distribute the petition or circulate the online petition to all of your friends and contacts.

#### ***Parliamentary Committee to Release Report***

An all-party committee investigated and is making recommendations for improvements in palliative care, elder abuse prevention, suicide prevention and the needs of Canadians with disabilities. Their report is to be released in November 2011.

The recommendations from this parliamentary report should be implemented as a way of eliminating demands for euthanasia.

**Quebec** from page 1....

Duval's intent to challenge the federal criminal code through the Quebec courts is similar to the BCCLA / Carter case in BC. Duval intends to file an application on behalf of Leblanc to the Quebec Superior Court to strike down section 241b of the Criminal Code, which makes assisted suicide illegal.

The Leblanc case has not been filed yet, so we do not know how wide the Leblanc case will be, but the BCCLA Carter case is attempting to legalize euthanasia and assisted suicide through the court.

Duval, who represents Leblanc free of charge, is the human rights lawyer and litigator who represented convicted terrorist Said Namouh. He believes that opinion

has changed since the Supreme Court ruled against Rodriguez in a controversial 5-4 decision.

Duval expects the case to be dismissed, leading to a hearing before the Quebec Court of Appeal and possibly the Supreme Court of Canada. He said:

"I don't expect any court to issue a decision that would contradict Rodriguez. Only the Supreme Court of Canada can re-examine this issue,"

The postmedia news article suggested that if the Supreme Court chooses to address the matter again, they will bundle both the B.C. and Quebec cases together.

The Euthanasia Prevention Coalition is concerned about the fear that citizens like Ginette Leblanc have

for their future. These fears should be addressed by the provision of the best medical and community care available.

The reality is that the fears of Leblanc do not justify the courts' removing protections for vulnerable Canadians from being directly and intentionally killed by their physicians by lethal injection or lethal dose. We know about the scourge of elder abuse. We are aware of negative attitudes towards people with disabilities. We see the experience of legal euthanasia in the Netherlands and Belgium and the concerns related to assisted suicide in Oregon. We must ensure that the courts do not impose euthanasia and assisted suicide upon Canada..

**Farewell** from page 1....

nasia Prevention Coalition (EPC) is seeking intervener status in the BCCLA case.

Suicide lobby leader Russell Ogden established The Farewell Foundation as a vehicle to legalize "Swiss syle" assisted suicide in Canada. In his clinic, doctors and others could assist the suicide of people who are in the most vulnerable time of their life.

Whereas the Farewell Foundation seeks to legalize physician assisted suicide, The BCCLA (Carter/Taylor) case seeks physician directed euthanasia, where physicians administer a lethal injection.

The BCCLA case is dangerous to public safety. It will open new avenues for elder abuse. Family

members and caregivers would be enabled to subtly coerce a vulnerable person into "choosing" death by lethal dose. For many, choice will be only an illusion.

The prevention of elder abuse has become a national priority in Canada. Elder abuse is horrifically under-reported. Research indicates that up to 70% of abuse is done by family members and others upon whom the victim depends.

Since assisted suicide became legal in Oregon, the suicide rate has steadily climbed, and is now 35% higher than the national average. The social acceptance of assisted suicide appearst to create a suicide contagion effect, a trend noted in other locations as well.

EPC rejects the idea that it is

necessary to legalize euthanasia or assisted suicide to have a "dignified death." The EPC strenuously objects to the negative attitudes toward people with disabilities contained in the BCCLA *Notice of Application*. Living with a disability is not a "life not worth living."

Even though the EPC is seeking intervener status in the case, our press releases are ignored by the media. When contacted and interviewed, our comments are deleted. The media falsely state that Canadians support euthanasia and assisted suicide. Media representation is tilted toward death: they have utterly failed to provide balance.

The EPC cannot remember a more monolithically one-sided presentation by the media of an important social question.