

EPC SEEKS TO INTERVENE IN BC COURT CASE

In Parliament on April 21 2010, Francine Lalonde's Bill C-384 to legalize euthanasia and assisted suicide, was defeated in a phenomenal 228 to 59 vote. It joined bills C-407, C-562 and S-2, all of which were previously defeated by our lobbying work.

On Monday, November 14 2011, the BC court will begin to hear the BC Civil Liberties Association (BCCLA) / Carter case. Having been defeated in Parliament, the BCCLA is attempting to legalize euthanasia and assisted suicide in Canada by way of the court.

As the leading Canadian group opposing euthanasia and assisted suicide, the Euthanasia Prevention Coalition (EPC) has applied to intervene in this case. In two previous interventions we have succeeded. The *Scardoni v. Hawryluck* case

concerned an incompetent person who previously expressed that they wanted to receive medical treatment. The *Rasouli v. Cuthbertson* case concerned the withdrawal of life-sustaining medical treatment against the expressed wish of the legal power of attorney. Although the Ontario Court of Appeal unanimously agreed with our position, "the doctors" are now appealing the decision to the Supreme Court of Canada.

EPC considers our intervention to be unique to the court. This is a case that literally deals with life and death. The court should be interested in hearing all perspectives.

We hope that Justice Smith will be very reluctant to remove protections that exist in law for every Canadian.

ASSISTED SUICIDE WOULD WORSEN ELDER ABUSE EPIDEMIC

American bioethicist Wesley Smith writes about the epidemic of elder abuse. Here is an excerpt from the National Review (October 2, 2011).

In the real world, elder abuse is a very real and growing problem. Indeed, a new MacArthur Genius Grant Award recipient warned in Congressional testimony earlier this year, that elder abuse is a present and growing problem. From "*Testimony of Marie-Therese Connolly Before the Senate Special Committee on Aging, hearing on Justice for All: Ending Elder Abuse, Neglect and Financial Exploitation. March 2, 2011*":

The New York State Elder Abuse Prevalence phone survey estimates that 7.6% of people over 60 have experienced elder abuse, neglect or financial exploitation in the past year. A nationwide study using a similar random digit dialing methodology found a one year prevalence rate of about 10% for abuse and neglect. The human toll these numbers represent is vast: 3.35 - 4.41 million phone-answering, community-dwelling Americans have experienced some form of abuse, neglect or exploitation in the last year.

The situation is even bleaker for seniors with dementia: people with dementia suffer staggering rates of mistreatment. A 2010 study by University of California, Irvine researchers found that 47% of people with dementia who were cared for at home by family members were

NEW HAMPSHIRE CONFERENCE

Living with Dignity New Hampshire and the Euthanasia Prevention Coalition are organizing a one-day conference Friday November 4, 2011 at the Crown Plaza hotel in Nashua NH

- Nancy Elliott - Former NH State Rep
- Margaret Dore - Seattle lawyer
- Bradley Williams - leader of Montanans Against Assisted Suicide
- Alex Schadenberg - Euthanasia Prevention Coalition
- Diane Coleman and Stephen Drake - activists with *Not Dead Yet*

Registration Cost \$40.00

Register by email: info@epcc.ca

Register by phone: 1-877-439-3348

See *Elder Abuse* on page 4....

18 Reasons to Keep Canada's Laws

In the BCCLA / Carter case in British Columbia our intervention insists that our current laws are necessary to protect Canadians from euthanasia and assisted suicide

1. Our current laws are a necessary safeguard against the killing of vulnerable people.
2. The current laws are constitutional based on the decision Rodriguez v. British Columbia.
3. The social consensus has not changed since the Rodriguez decision, parliament defeated Bill C-384 by a vote of 228 to 59 in April 2010.
4. Where euthanasia and assisted suicide is legal, the safeguards that have been put in place are illusory and significant abuse has occurred.
5. The proposed safeguards are value-laden assumptions about the quality of life of people with disabilities rendering them highly questionable.
6. Proposed safe-guards are value-laden. People with disabilities and other vulnerable people are more likely to be abused by quality of life assessments.
7. Quality of life judgments are likely to impact the lives of people with significant intellectual disabilities, who are already amongst the most marginalized in society.
8. The laws protecting Canadians from euthanasia and assisted suicide are based on the principles of human dignity, equality, life and security of the person.
9. The principles of human dignity, autonomy, choice and equality have been hallmarks of the disability rights movement in Canada. Euthanasia and assisted suicide are contrary to these principles.
10. The principles of human dignity, autonomy, choice and equality are fundamental to integration, inclusion and substantive equality for people with disabilities.
11. Where these principles have not been applied in a life-affirming manner, they have resulted in profound discrimination, abuse and threats to the lives of people with disabilities, seniors and other vulnerable people.
12. The devalued perception of people with disabilities generally in society and in the medical profession would adversely affect the safety and security of people with disabilities in the event that assisted suicide and or euthanasia were legalized.
13. Legalized euthanasia or assisted suicide would impose overt or subtle pressures on people with disabilities, seniors and those living with chronic conditions to prematurely end their lives based upon devalued perceptions of their lives, including financial pressures from families and the healthcare system.
14. The devalued perception of seniors and people with disabilities and chronic conditions already impacts their ability to access scarce health care resources.
15. The risk that people with disabilities, seniors and other vulnerable people will experience abuse outweighs the demand by the relatively few people who may seek access to euthanasia and assisted suicide.
16. Legalizing euthanasia and assisted suicide will lead to further constitutional challenges based on access to euthanasia and assisted suicide.
17. Legalizing euthanasia and/or assisted suicide would fundamentally alter the doctor-patient relationship in a manner that is contrary to the values and highest traditions of the medical profession.
18. Doctors owe the highest fiduciary duty to their patients that make their participation in physician-assisted suicide or euthanasia unethical, improper and unlawful.

COMPASSION & CHOICES FALSELY CLAIMS THAT ASSISTED SUICIDE IS LEGAL IN HAWAII

I guess if you can't convince the legislature to legalize assisted suicide, then claim that its legal already.

Last year, Compassion & Choices legal director, Kathryn Tucker, claimed that there were no specific laws prohibiting assisted suicide in Idaho, therefore assisted suicide was legal. Shortly after, a retired Supreme Court Justice from Idaho pointed out that assisted suicide was recognized in Idaho as a form of homicide.

Now C&C is claiming that there are no laws prohibiting assisted suicide in Hawaii. Earlier this year, a bill to legalize assisted suicide was unanimously defeated in the Hawaii Senate Health Committee. The suicide lobby has made several previous attempts to legalize assisted suicide in Hawaii. Why is the suicide lobby struggling to legalize assisted suicide, if it is already legal? In fact, Hawaii prosecutes assisted suicide under its manslaughter provisions.

We assume that C&C is attempting to convince at least one doctor in Hawaii

to assist the suicide of a patient in order to bring the case to court. The suicide lobby will try anything to enable doctors to prescribe death.

JUSTICE MCLACHLIN NOTES EUTHANASIA IN DRUG DECISION

Madame Justice McLachlin, explaining the Supreme Court's decision on the Insite drug injection site, made reference to the issue of euthanasia. Noting the division of powers in Canada's constitution, McLachlin stated:

"69. Third, application of interjurisdictional immunity to a protected core of the provincial health power has the potential to create legal vacuums. Excluding the federal criminal law power from a protected provincial core power would mean that Parliament could not legislate on controversial medical procedures, such as human cloning or euthanasia. The provinces might choose not to legislate in these areas, and indeed might not have the power to do so. The result might be a legislative vacuum, inimical to the very concept of the division of powers."

It is our concern that McLachlin may create a jurisdictional problem by sug-

gesting that the federal and provincial governments share jurisdiction over euthanasia. Even more grave, Chief Justice McLachlin may be revealing her view that euthanasia falls within health care, a provincial jurisdiction, and not within criminal law, a federal jurisdiction.

Euthanasia does not treat any condition. It eliminates the person experiencing those conditions. It is false to view euthanasia or assisted suicide as a form of health care. Euthanasia is a form of homicide, and not a form of health care.

VERMONT ASSISTED SUICIDE BILL BEING PROMOTED AGAIN

Patient Choices Vermont held a pep rally in Vermont to once-again promote a bill to legalize assisted suicide in Vermont. They are counting on Governor Shumlin to persuade legislators to support assisted suicide. The good news: only 20 people showed up.

True Dignity Vermont, opposed to assisted suicide, noted that the issue of assisted suicide is unlikely to be considered in the 2012 legislative session because it does not have enough support in the Vermont Senate.

Coming Up

EPC Petition Campaign Needs Your Support

EPC is asking all of our supporters to promote the petition to the Attorney General of Canada (AG) concerning the recent court cases that are attempting to remove our protections from euthanasia and assisted suicide in Canada. (Print the petition from our web site.)

These cases are challenging the AG and we are encouraging the AG to do whatever is possible to oppose the legalization of euthanasia and assisted suicide in Canada. The AG must know that there are many citizens who are opposed to imposing death on vulnerable Canadians.

Back Talk

We Want to Hear From You

We have worked hard at providing a "new look" for the Euthanasia Prevention Coalition Newsletter. Our new logo, a stylized white rose, is widely recognized as a symbol of peace. Perhaps less well known is the White Rose Movement of brave resistance to the Third Reich in 1942 and 1943.

What do you think? We would love to hear from you.

Write us a note, give us a phone call, send us an email.

This space will be held for your questions, responses, and letters. See page 4 for our contact information.

Bulletin: The report from the Parliamentary Committee on Palliative and Compassionate Care will be released on November 17. EPC will be promoting the important recommendations from the PCPCC report.

Harry Lamb

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BABY JOSEPH DIES

On September 27, Joseph Maraachli, better known as Baby Joseph, died with his loving family surrounding him in their home in Windsor Ontario.



The Baby Joseph case gained international attention when, on Ontario Family Day, Monday February 21, the Ontario Superior Court agreed with the Ontario Consent and Capacity Board to remove Joseph's ventilator.

Joseph had a neurological condition, and was dependent on the ventilator for breathing. His parents, Moe and Sana, wanted to bring him home to care for him until he died a natural death. To do so, they requested a tracheotomy (an incision in Joseph's airway) to enable him to breathe on his own. The hospital, London Health Sciences in London Ontario, refused to do the tracheotomy,

and insisted that the ventilator be withdrawn, which would result in Joseph's death by suffocation.

Priests for Life flew the family to a hospital in St. Louis, and paid for Joseph's tracheotomy. Joseph was then brought home and cared for by his family.

Important facts:

- The Maraachli family never requested extraordinary medical treatment. They asked for a tracheotomy.
- After the tracheotomy, Joseph recovered, went home and was breathing on his own.

... Elder Abuse from page 1

mistreated. These findings are echoed in several other studies. Many of these studies find high rates of verbal, psychological or emotional abuse. Although physical abuse would seem to be more detrimental than verbal abuse, a 2010 Howard University study found that verbal abuse took an even worse toll on the mental health of women age 50 – 79 than physical abuse, indicating that we should take it just as seriously as other types of mistreatment. The phone surveys also do not include the approximately 2.5 million people who live in facilities, and the prevalence of abuse, neglect, and exploitation in these settings is especially difficult to ascertain.

Connolly concluded her testimony with a warning:

With 77 million baby boomers aging, dementia on the rise, and caregiver shortages looming, experts agree that “the

growing crisis of elder abuse” has significant implications for the health, well-being and economic security of millions of Americans. Elder abuse is not just an aging issue. It's a baby boomer issue too, for the millions of people struggling to promote the safety and well being of both their parents and their children. By not meaningfully acknowledging, let alone addressing elder abuse, we are sending an insidious message that suffering in old age is somehow less worthy of our best effort.

This is all very sobering. Anyone who would legalize assisted suicide in the face of these hard truths believes in Euthanasia. But the rest of us, who live in Realityland, should heed this warning and reject legalizing assisted suicide out of hand. Even if it could work in theory - which I reject - in the here and now, assisted suicide would just become another way of abusing seniors.

WHAT IF STEVE JOBS HAD ENDED HIS LIFE IN 2003?

If Jobs had ended his battle with cancer in 2003, it's likely that neither the iPhone nor the iPad would have been created. Had the Apple CEO been a resident of Oregon, Washington or Montana at the time of his first diagnoses, his predicted life span would have made him a prime candidate for assisted suicide. We do not know Jobs' stance on assisted suicide. Still, his example shows that a doctor's mistake could rob a man of many productive years and rob the world of his greatest contributions.