



Euthanasia Prevention Coalition

NEWSLETTER

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Quebec - Select Committee on Dying with Dignity

The Quebec committee on Dying with Dignity is holding hearings in 8 regions in Quebec. We are very concerned about the direction of the Dying with Dignity committee but it appears that the tide is turning.

Several government leaders stated that "Belgium style" euthanasia should be approved in Quebec.

Some government leaders have suggested that Quebec will turn a "blind eye" by not prosecuting cases of euthanasia in Quebec.

The Vivre dans la Dignité (Living with Dignity) group has created an exceptional push-back in Quebec. They are working with groups and individuals throughout Quebec and they

The Parliamentary Committee on Palliative and Compassionate Care (PCPCC).

The PCPCC was established by MPs from all political parties who plan to develop an alternative debate to the legalization of euthanasia and assisted suicide.

Under the four pillars of: Palliative Care, disability concerns, elder abuse, and suicide prevention, the PCPCC is committed to receiving submissions from groups and individuals across Canada and holding hearings in Ottawa and across Canada.

In June, the PCPCC held three days of hearings from representatives from groups across Canada, including the Council of Canadians with Disabilities and many others.

During the summer months, several MPs held public round-tables in their riding to seek input from constituents concerning the four pillars.

This fall, several MPs intend to hold a round-table in their riding. The PCPCC is also planning several hearings in Ottawa.

Considering the debate that is occurring in Quebec, we hope that the PCPCC is able to bring forth a set of positive recommendations that can be implemented throughout Canada.

Our polling has consistently showed that Canadians are more concerned about receiving proper care than legalizing euthanasia or assisted suicide.

Contact the PCPCC at: gdienesch@pcpcc-cpspsc.ca

have activated many people. Link: www.vivredignite.org/

There is an online questionnaire that can be filled out by any Canadian. To answer the questionnaire: www.vivredignite.org/en/questionnaire.pdf

Be careful, the language in the online questionnaire assumes that people support euthanasia. Make your opposition to euthanasia clear.

The Dying with Dignity committee did not expect such a strong opposition to euthanasia.

The Euthanasia Prevention Coalition is supporting the work of Vivre dans la Dignité.

The Quebec hearings will be completed in January.

International Symposium on Euthanasia and Assisted Suicide Vancouver, June 3-4, 2011

The organizing for the Third International Symposium has begun and the date has been chosen. We have selected Vancouver because we have a strong base of support in British Columbia and because assisted suicide is being politically debated in the north-west states in the US. We also hope to have participants from Australia, where there is currently a bill in parliament to legalize euthanasia.

Vancouver is one of Canada's most beautiful cities. You are advised to take a few extra days and enjoy the sights.

We are also organizing a leadership strategy meeting for June 2, the day before the Symposium.

Australian Speaking tour - October 7-17

Alex Schadenberg, our executive director, has been invited by contacts in Australia to make presentations throughout that country.

There are bills in the regional legislatures in Australia to legalize euthanasia. The fear is that the Tasmanian government will support a version of the euthanasia bill that has been introduced by the leader of the Green party.

We are hoping to help organize opposition to euthanasia and assisted suicide in Australia and we hope to help establish a group in Australia.

Joshua Kulendran Mayandy RIP

By Alex Schadenberg,

Executive Director, Euthanasia Prevention Coalition

On August 19, 2010 the Euthanasia Prevention Coalition received a phone call from Bernard Stephenson, concerning the plight of his friend Pastor Joshua who was being dehydrated to death at the Brampton Civic Hospital.

Bernard Stephenson is a medical doctor and the associate pastor of Mississauga City Baptist Church.

I spoke to Dr. Stephenson in a very careful manner knowing that cases of dehydration can be ethically complex. After a long conversation I became very concerned about this situation and I asked Pastor Stephenson to send me more information by email.

That day, I spoke to people who were directly connected to the case, I exchanged information with the lawyer from the hospital and I spoke to the Substitute Decision Maker (SDM).

The facts were clear. That day, I sent this message to our supporters (edited version):

Brampton Civic hospital imposes euthanasia by dehydration.

Today, I received a phone call and then an email from Bernard Stephenson, M.D., M.Div, concerning Joshua (Kulendran Mayandy) the pastor of a small Christian church in Brampton. The letter outlines several significant problems and two huge concerns for the Euthanasia Prevention Coalition.

Joshua, 48, who is not otherwise dying, is being dehydrated to death (euthanasia by omission) because he has a significant cognitive disability. This is not a case whereby food and fluids are withdrawn because he is dying and nearing death, but rather the decision has been made to intentionally cause his death by dehydration because he is unlikely to recover from his disability.

We understand that Joshua has stabilized and could possibly live for many years in this condition. Society cannot condone intentionally dehydrating a person to death because of the disability of the person and the potential cost of long-term care. Article 25 (f) of the Convention on the Rights of Persons with Disabilities states: Prevent discriminatory denial of health care or health services or food and fluids on the basis of disability. www.un.org/disabilities/convention/full.shtml

It is deplorable that the Consent and Capacity Board in Ontario, the hospital and the lawyers for the hospital, who are all paid by the government and have nearly unlimited resources to pressure people to consent to their will, would appoint a Substitute Decision Maker (SDM) to make decisions on behalf of a person, based on their willingness to agree to a non-treatment plan, even though there is no proof that the non-treatment plan represented the values of the person.

The Consent and Capacity Board was established to ensure that consent to treatment is based on the values of a person,

before that person became incapacitated. The fact that Joshua did not write down his personal wishes or assign a person to make legal and health care decisions on his behalf does not negate that it is likely that he would have made decisions based on his religious convictions and expected the continuation of fluids and nutrition.

To force a person to agree to intentionally dehydrate a person to death, (euthanasia by omission) is unconstitutional and inconsistent with Ontario law.

E-mail letter from Bernard Stephenson (edited):

Joshua was admitted to the Brampton Civic Hospital (William Osler Health Centre), after collapsing in front of the ER on May 29, 2010.

He was revived but not before sustaining a severe cognitive disability.

He remained in the ICU, but after regaining the ability to breathe on his own, he was transferred to the respiratory

Euthanasia TV ad approved in Canada or not?

The Australian based euthanasia lobby group that is co-founded by Philip Nitschke (Australia's Dr. Death) sent out a media release to celebrate that the TV ad entitled 'Exit Choices', that was rejected by the Australian Commercial Industry Code of Practice for airing in Australia, was approved to be aired in Canada.

I have viewed the 'Exit Choices' ad on You-Tube. It promotes voluntary euthanasia, and encourages assisted suicide, which are illegal in Canada.

I contacted the Television Bureau of Canada (TVB) and asked them what criteria were used to approve the ad?

The TVB person stated: "The ad has not been approved for Canadian use."

The last time Nitschke came to Canada, he created a media circus surrounding the rejection of his 'Suicide Workshop' by the Vancouver Public Library. Nitschke may be attempting to manufacture attention again.

Nitschke stated in the media release that these ads will promote his suicide workshops, October 7 in Vancouver and October 13 in Toronto.

Canada's assisted suicide act (S. 241 of the Criminal Code) prohibits aiding, abetting (encouraging) and counselling suicide.

Nitschke states in the media release: "At these workshops practical end-of-life methods will be described, and information on lethal drugs and other techniques provided."

It appears that the TV ad and the 'Suicide Workshops' may contravene the Criminal Code of Canada.

ward, where he remains.

He has regained some ability to communicate despite the fact that he has a severe cognitive disability.

He has progressed from being in a deep coma with signs of decerebration and decortication to almost full movement of his arms and legs and coherent use of mostly one-word answers and occasionally multi-word sentences.

He remembers the names of the family he was living with for the past 10 years, who have been at his bedside from morning to evening, 7 days a week.

From the beginning of his stay in the ICU until now, the doctors have repeatedly asserted that there is no hope of recovery, from a medical point of view, and they have strongly suggested that all life-sustaining treatment be removed.

His family in Sri Lanka, and his supporters here have rejected these suggestions.

Nevertheless, the fact is that he had assigned no power of attorney, he has no immediate family in Canada and he had not assigned a legal guardian.

His first physician in the ward, removed his feeding tube, without consent, leaving him only IV fluids.

He was in this situation for over three weeks until his supporters appealed to the Ethics Committee and the Consent and Capacity Board through a lawyer and forced the hospital to restart feeding through a nasogastric (NG) tube.

Currently, the only option the hospital and his physician, is offering is to cease all life-sustaining treatment and care including intravenous fluids, food and medications.

After the court rejected Joshua's sister as his Substitute Decision Maker (SDM) at the hearing, a friend for 25 years became the next option. We were told that this man would be accepted as the SDM only if he agreed to the preconditions – palliative care with the removal of all medications, feeding and IV hydration. The alternative was a continuation of the costly legal battle before the Consent and Capacity Board or allowing the Public Guardian to take over. As we were not

able to sustain the costly legal battle and the family did not want Joshua to fall into the hands of the Public Guardian, he decided to accept the terms. He was subsequently granted SDM status with those limiting conditions.

I disagreed with the decision as it was immoral, unethical, inappropriate and wrong besides being totally useless.

On August 17, Brampton Civic hospital withdrew all life-sustaining treatment and care, including fluids and food, based on the forced agreement by the hospital.

I deplore what the hospital and doctors are doing. They have a duty to inform people about quality of life and treatment options in a given situation, such as Joshua's, but they do not have the right to impose their preference for death or to assume that Joshua would not want to live the rest of his life in this condition. The Hospital and doctor's actions are both unethical and inappropriate.

Bernard Stephenson, M.D., M.Div.

After the information was sent out to our supporters by email, with contact information for the hospital and the Consent and Capacity Board many people got involved and wrote letters. But little changed.

On August 20th, LifeSiteNews reprinted my email letter and sent it out to their supporters. Once again, hundreds of people got involved by writing letters and phoning the hospital and the Consent and Capacity Board, still no change.

On August 24th, The Terri Schindler Schiavo Foundation sent an alert to their supporters. This resulted in a barrage of phone calls from American media outlets who were primarily concerned about connecting Pastor Joshua to the universal health care system in Canada.

One of the phone calls was from *World Net Daily*. On August 26, World Net Daily printed a significant article about Pastor Joshua - "Hospital withholds food, water from Christian pastor."

Now we were being inundated with phone calls and emails from the media and people who were concerned.

The next day, the *Brampton Guardian* published an article - "Pastor Centre of Euthanasia battle."

In the meantime, the EPC board was working with our legal counsel, other lawyers, and a group of physicians to decide what we could do. It is difficult to launch legal proceedings when the Hospital and the SDM have an agreement.

By working with Bernard Stephenson and other supporters, we contacted the SDM and convinced him to allow oral feeding. We were concerned that if Joshua was able to feed orally, would it be too late, and would he get enough fluids and nutrition to preserve his life?

A couple of days later, Joshua had a seizure and lost the ability to feed orally. He died on Sept 6, 2010.

I visited the funeral home on Sept 10 and attended the funeral on Sept 11. The tragedy struck home when I learned of the self-giving life that Joshua lived.

Could we have done more? This is always a difficult question. We did what we could.

There needs to either be a change in provincial law or we will need to win a case and establish a legal precedent.

Lawsuit could set precedent about end-of-life decisions

On September 4, Robert Cribb reported in the *Toronto Star* about a lawsuit that has been launched by Joy Wawrzyniak against the Sunnybrook Health Sciences Centre and two doctors based on their unilateral decision to deny Douglas DeGuerre, Wawrzyniak's father, life-sustaining medical treatment.

DeGuerre had legally appointed Wawrzyniak, a nurse, to be his Substitute Decision Maker (SDM). He had also legally stated in his Power of Attorney for Personal Care document that he wanted Full Code treatment.

As her father lay struggling for breath at Sunnybrook, Wawrzyniak pleaded with the doctors to intervene. Instead, the medical staff stood back and allowed him to die, against his expressed wishes.

The Euthanasia Prevention Coalition is committed to changing the law and the medical culture.

Recent letters to the Editor:

• The *National Post* printed Alex Schadenberg's letter titled: "Belgium style Euthanasia" on Sept 13, 2010. It appears that Quebec is considering the legalization of "Belgium style" euthanasia. *Be careful what you ask for.*

Belgium style euthanasia

Several reports have indicated that the promoters of euthanasia in Quebec are advocating "Belgium style" euthanasia.

A study that was published in the *Canadian Medical Association Journal (CMAJ)* on June 15, 2010, looked at the practice of euthanasia in Belgium and found it to be lacking in supposed safeguards.

The study examined 208 euthanasia deaths in the region of Flanders Belgium. The study found that (32%) of the euthanasia deaths were done without explicit request or consent.

Link to the study: www.cmaj.ca/cgi/content/abstract/182/9/895

Before Quebec considers opening the doors to euthanasia or assisted suicide it needs to consider how it will effect the average Quebecer.

In many cases choice is only an illusion.

Alex Schadenberg -

Euthanasia Prevention Coalition

www.nationalpost.com/related/topics/Dealing+with+final+chapter/3515734/story.html

• On Sept 13, Margaret Dore **Margaret Dore**, an elder law attorney in Seattle, responded to the article, "The hardest questions," published in *The Ottawa Citizen* on Sept 11.

Choice is an illusion in assisted suicide law

I am a lawyer in Washington state where assisted suicide is legal. I disagree with the reference in the *Citizen's* editorial that assisted suicide will necessarily give patients "the right to make their own decisions."

Washington's assisted suicide law was passed via an initiative in which voters were made a similar promise, that patients would be given "choice" regarding end of life. Our act, however, has significant gaps so that patient choice is not assured.

For example, no witnesses are required at the death. Without disinterested witnesses, the opportunity is created for someone else to administer the lethal dose to the patient without his consent. Even if he struggled, who would know?

Washington is also a "don't ask, don't tell" state. Re-

quired official forms and reports do not ask about or report on whether the patient consented at the time of death. Consent at the time of death is also not required by the language of the act itself.

Once again and contrary to marketing rhetoric, patient "choice" is not assured.

For further information about the Washington Death with Dignity Act, please see an article "Death with Dignity: A Recipe for Elder Abuse and Homicide" (Albeit not by Name) at the website: www.margaretdore.com/pdf/Dore-Elder-Abuse_001.pdf

Margaret Dore,

Elder law attorney - Seattle, Washington

www.ottawacitizen.com/opinion/letters/Choice+illusion+assisted+suicide/3526052/story.html

• **Dr. William Reichel** responded to a *Toronto Sun* article David Akin. Reichel is a world-renowned expert concerning the Dutch euthanasia law.

Euthanasia and consent

I am a physician who has studied assisted suicide and euthanasia since 1988, especially in the Netherlands. I disagree with the thrust of David Akin's column implying that legalization of assisted suicide and euthanasia will allow Canadians to be "masters of their fate" ("Right to die?" Sept. 9). Dutch law calls for providing assisted-suicide and euthanasia with the patient's consent. This is not, however, always done. Indeed, over time, assisted suicide on a strictly voluntary basis evolved into allowing euthanasia on an involuntary basis. Euthanasia is also performed on infants and children, who are not capable of giving consent. The most recent year for which we have an official report from the Dutch government is 2005. The report is "spun" to defend the Dutch law, but nonetheless concedes 550 patients (an average of 1.5 per day) were actively killed by doctors "without an explicit request." The report also concedes that an additional 20% of deaths were not reported to the authorities as required by that law. Proponents of assisted suicide and euthanasia hold out the carrot of "choice" to induce the public to believe these practices are somehow benign. Those who believe that legal assisted suicide and euthanasia will assure their "choice" are naive.

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www.torontosun.com/comment/letters/2010/09/10/15313606.html