



Euthanasia Prevention Coalition

NEWSLETTER

Number 116

March 2011

Assisted suicide politics in the United States

In the February newsletter we explained that assisted suicide bills were being debated in many US states. At this moment assisted suicide bills have been proposed in Hawaii, New Hampshire, Idaho, Vermont, Wyoming, Pennsylvania.

In Hawaii, bill SB 803 that would have legalized assisted suicide was defeated in the Senate Health committee by a vote of 4 to 0.

In New Hampshire a bill HB 513 that would have legalized assisted suicide was defeated in the House Judiciary committee by a vote of 15 to 1. The bill was sponsored by Representative Charles Weed, the same representative that proposed a similar bill in the previous session that was defeated 242

to 113 in January 2010.

In Idaho bill SB 1070 that clarifies the assisted suicide law in Idaho. It was supported by the Senate State Affairs committee and is expected to pass and become law.

In Vermont bill H 274 was introduced into the House but at this point it has not yet been debated. Vermont Governor Shumlin supports assisted suicide. The group - True Dignity Vermont has formed to work in coalition with groups and individuals to oppose assisted suicide.

In Montana, bill SB 167 was introduced by Senator Blewett to legalize assisted suicide in Montana. It was debated in the Senate Judiciary committee and defeated by a vote of 7 to 5.

In Montana Bill SB 116 was sponsored by Senator Greg Hinkle to ensure that assisted suicide is illegal in Montana. Bill SB 116 was debated in the Senate Judiciary committee and it was defeated by a vote of 7 to 5.

Therefore the status quo remains in Montana.

That means that assisted suicide remains illegal in Montana, but if a physician is prosecuted for assisted suicide, the physician can use the defense of consent.

In Wyoming a bill that would have clarified the assisted suicide law did not make it out of committee.

A bill was presented in Pennsylvania to legalize assisted suicide but it has not been debated.

CELEBRATING OUR SUCCESSES; PREPARING FOR NEW CHALLENGES

The Third International Symposium on Euthanasia and Assisted Suicide will explain how groups and individuals are defeating the euthanasia lobby world-wide and how we need to prepare for challenges we will face in the future.

June 3-4, 2011, Vancouver Airport Marriott Hotel

Registration: \$199 regular and \$149 for a student or a person with a disability.

Friday night banquet: \$50 (not included within the regular registration). The banquet speaker is Australian Senator Helen Polley the federal representative from Tasmania.

Rooms are \$139 regular; 159 for a suite. Reserve at: 1-877-323-8888 and state that you are attending the Euthanasia Prevention Coalition Symposium.

If you are unable to attend the Third International Symposium, please donate \$199, to enable a student or a person with a disability to attend the full event.

For more information, see the flyer that is included with this mailing or go to www.epcc.ca

Farewell Foundation formed to legally challenge Canada's assisted suicide laws

The Farewell Foundation has been formed to challenge Canada's assisted suicide law. They appear to be following the Dignitas model, that sells memberships and then offer their members services that may include assisting suicide.

Russell Ogden, who has always claimed to be a criminology researcher, is their director. He claims that times have changed and he expects that they will successfully challenge section 241 (b) of the criminal code that prohibits - aiding, abetting and counseling suicide

There's no reset button on state-sanctioned killing

By Peter Stockman -

Reprinted with permission from The Calgary Herald, February 27, 2011

Instead of trying to prompt a debate on euthanasia by killing his wife with an injection of lethal drugs, Nova Scotia resident Stefan Bolton should have bent an ear toward Quebec.

He would have heard abundant reasons to stay his hand. He would also, if he'd been able to closely follow Quebec's public consultation on euthanasia and assisted suicide, have witnessed growing coldness to the initial fervor for normalizing them as medical treatments.

When he went public with a confession and turned himself over to police last week, Bolton said he was wracked with grief and wanted someone "in authority" to say he'd done no wrong when he killed Barbara Jean Jollimore-Bolton on Jan. 22.

He's unlikely to hear that from anyone with real authority in Quebec. Au contraire.

A year after an all-party committee of the National Assembly began province wide public hearings on the issue, euthanasia and assisted suicide appeared precisely nowhere in Premier Jean Charest's speech this week setting out his government's agenda for a new session of the legislature.

Besieged by crises ranging from allegations of government corruption to a strike by woefully underpaid Crown prosecutors, Charest has let the special committee disappear beneath the political waves.

Even the committee chairman, Montreal Liberal MNA Geoff Kelley, began publicly insisting several weeks ago that the hearings were not a government initiative but rather something the opposition Parti Québécois cooked up. Shortly afterward, Kelley was appointed to cabinet and the proceedings went on without him.

What was supposed to have been the final public session Thursday was abruptly cancelled because of Charest's recall of the legislature.

It's not clear what the effect will be on a report and recommendations expected in early spring.

Some Liberal MANS say they're committed to listening but nothing else.

None of which says definitively that the euthanasia debate is dead in Quebec. Self-styled dying with dignity aficionados have two forms: stubborn and fanatical. The truly hardcore will expire before they give up their thanatic fixation.

Evidence of that is the way the public hearings came to be held in the first place.

Canada's Criminal Code prohibits euthanasia and assisted suicide. It is a federal matter.

A bid by a Bloc Québécois MP to decriminalize them was crushingly defeated in the House of Commons. Even as it became obvious the bill was going down, however, a crude propaganda campaign began claiming Quebecers supported making the medicalized killing of adult patients as routine a

part of hospital life as pre-natal ultrasound.

The argument advanced was that since provinces have the constitutional authority to define medical treatment, Quebec should simply ignore Ottawa, declare euthanasia and assisted suicide to be normal health care, and direct Crown prosecutors to stop laying charges.

(It's an approach that makes the Quebec debate as critical in Calgary as Chicoutimi, as menacing in Medicine Hat as Montreal. If it ever is accepted in Quebec, Albertans and all Canadians risk witnessing the opening of new homicide wings at their own local hospitals.)

But the public hearings have provided the opportunity to ask whether Quebec really wants to join countries such as Switzerland, Belgium and Holland in the unqualified disaster of legalized medical killing. The question has raised an even more compelling question: how do you get out of this social cesspool once you've plunged in? There's an even more compelling question from that: if you suspect it might be a cesspool, why plunge in at all?

At an early February session in Gatineau, across the river from Parliament Hill, palliative care specialist Dr. Jose Pereira detailed the nightmares now facing the Swiss, the Belgians and the Dutch. He was then asked why, if the situation is so grim in those democratic countries, legislators don't just go back and re-criminalize euthanasia and assisted suicide.

His brief, simple answer went to the heart of, and took the heart out of, the case for social sanctioning of medically administered death. Once authority structures convert from protecting human life to being complicit in its destruction, their vested interest lies in perpetuating normalization of the change. Once societies cross the threshold from venerating human life to casually disposing of it, there is no just going back. History does not have a reset button.

Of course, democratic societies can change their minds and their course in numerous respects. Taxes can be raised, lowered and raised again. Even something as significant as capital punishment can be introduced, abolished, re-introduced and abolished yet again. The self-evident difference is that administrative matters can be undone. Death cannot. Over-taxation can be remitted. Blood shed by state killing forever stains the society that condoned it.

The impossibility of erasure is what makes the progressive mania for uncontrolled social experiment so historically dangerous. Relying on generational change to recover from today's recklessness is the epitome of social fecklessness.

Slavery ended in the United States almost 150 years ago. Its evils still contort American political and social life.

An estimated 50 million of the unborn have been aborted in the US since *Roe vs. Wade* in 1973. At that rate, if society discovers in 30 years that abortion really is wrong after all, more than 100 million lost lives will have to be explained.

Where political life is not merely administrative, its purpose is to safeguard the moral thresholds of the past against the predations of the present for the sanity of the future.

• Continued next page

Baby Joseph case affects us all

By Alex Schadenberg

The case of baby Joseph started out fairly clear, but as time has passed, many people have interpreted it as something it is not.

Joseph Maraachli was born without health problems. Then in May 2010, the Maraachli family brought Joseph to the Children's Hospital in Detroit because he was unable to breathe. After several weeks of treatment, Joseph went home with his family.

In October 2010, Joseph experienced a similar problem with breathing. His parents were driving home from Toronto and stopped at the hospital in Ingersoll Ontario. From there he was transferred to the Children's Hospital in London, where he remains.

Who has the right to decide?

The baby Joseph case concerns the question of who has the right to decide what is in the best interests of baby Joseph.

The hospital decided to withdraw the ventilator from Joseph, which would result in death, likely occurring, within a short period of time. Joseph would die while gasping for air.

The family decided that they wanted to bring Joseph home to die while in their care, in the same way that they cared for their first child who died of a similar condition more than 8 years ago. The family asked that a tracheotomy be done to allow Joseph to breathe on his own, so they could bring him home.

The issue is who has the right to decide? Does the hospital and doctor or does the family have the right to decide on how to care for their terminally ill child?

Not about futile care

This case is different from most of the similar cases because it is not about a family requesting treatment that is futile, burdensome or extra-ordinary.

The family is not asking for a portable ventilator to be set-up in their home, even though this would be a reasonable option. They are not asking for in-home nursing care to be provided. They did not ask for experimental treatment plans.

The family only asked to bring Joseph home, but to do so would require Joseph to be capable of breathing on his own. This is why they requested that a tracheotomy be done. A tracheotomy is not a difficult procedure, it is not futile, burden-

some or extra-ordinary.

Not about euthanasia

Some people have suggested that to withdraw the ventilator from baby Joseph would constitute an act of euthanasia. This is not true.

Euthanasia is an action or omission of an act that directly and intentionally causes the death of another person with the intention of relieving suffering. Euthanasia is a form of homicide.

If the ventilator is withdrawn from baby Joseph, he is likely to die, but he may survive. If he dies, his death would be caused by his medical condition and not a direct and intentional action or omission. Even if the intention is to cause his death, the reality is that his death would not be direct because it is caused by his medical condition and therefore is not euthanasia.

The precedent set by this case affects everyone

If I had a massive stroke, I am not competent, I am unable to swallow effectively and I have not indicated in anyway what I would want in such a circumstance and my wife would like an intervention done to allow to be effectively fed, but the doctor says no, what will happen?

The precedents that have been set by the baby Joseph case and similar cases would force my wife to hire a high priced lawyer to defend her right to provide reasonable care for me. She would face a well paid lawyer who is financed by the hospital.

If the consent and capacity board sided with the hospital she would be forced to appeal the decision to the Superior Court, which would cost an excessive amount of money, simply to defend her right to have basic care provided for me.

In the courts, legal precedents, like the baby Joseph case, would be used to convince the judge that the decision of the doctor and the hospital is correct.

We are all at risk

We are all at risk, unless decisions, like the baby Joseph case are not reversed or unless the legislation in the Province of Ontario is amended.

We continue to support the plight of baby Joseph and we hope that the Miracle family and the hospital can achieve a mutual agreement to the benefit of Joseph.

No reset button ...

• Continued from page 2

Its habit is debate, true enough, but its essence must be the conviction that wrong is wrong no matter how much agitated individuals, or fanatical opportunists, want to have it declared right.

Had he been able to listen closely to the euthanasia debate in Quebec, Nova Scotia's Stephan Bolton might have heard that difference between wrong and right being affirmed.

Tragically, he was otherwise engaged.

Peter Stockman is the director of the Cardus Centre for Cultural Renewal in Montreal.

Nova Scotia man says he killed his wife, claims the physician was responsible

Stephan Bolton allegedly confessed to overdosing his wife Barbara, 59, with a cocktail of prescription pain killers and sedatives. He stated that he confessed because he was "racked with guilt."

The next day, articles in the national media stated that Bolton did not intend to kill his wife, but that he was simply following the doctor's orders. The doctor ordered him to inject this cocktail of drugs.

More information is needed before we can make any further comments on this issue.

India's Supreme Court decides not to dehydrate Aruna Shanbaug

The case of Aruna Shanbaug reminds us of the tragic death of Terri Schiavo in March 2005. On March 7, 2011; the Supreme Court in India decided that the tube that is providing Aruna Shanbaug with fluids and food would not be withdrawn.

Shanbaug, a nurse, became cognitively disabled in 1973 after being raped and strangled with a chain. She has been living for 38 years at the King Edward Memorial Hospital where she was simply receiving fluids and food.

The case to dehydrate Shanbaug to death was brought to the courts by Pinki Virani, a woman who wrote a book about Shanbaug. Virani believed that Shanbaug had no quality of life and that it was in her interest to have her fluids and food withdrawn causing her to die of dehydration.

The court decided that Virani did not have the legal right to petition

the court to withdraw life-sustaining treatment from Shanbaug, that only a spouse, close family members or "the next friend" could make such a request.

This decision is worrying because the court is suggesting that fluids and food, even when it is being provided for someone who is not otherwise dying, is classified as a form of medical treatment.

The court established that Shanbaug may be in a permanent vegetative state (PVS), but that she was not 'brain dead' or in a 'coma.'

Citing international case laws, the Supreme Court of India laid down a framework for the procedure to followed for the non-voluntary withdrawal of life-sustaining medical treatment that they referred to as passive euthanasia.

They stated: "All mercy-killing pleas should be heard by a two-mem-

ber bench of the appropriate High Court and decisions may be taken only after seeking medical opinion from three empaneled doctors, who must examine the patient, his or her medical records, and also get the views of the hospital staff."

They stated: "Leaving such decisions entirely to a patient's relatives or doctors carries the risk that murders will be carried out in the guise of mercy killing."

When the High Court decided that Shanbaug will not have her fluids and food withdrawn, the nursing staff at the hospital celebrated.

A senior nurse stated: "We are delighted with the verdict. She is one of our own and we will continue to look after her." After the verdict the nurses stated that Shanbaug was fed fish curry and rice - which they said is her favorite.

Plans for Australian Euthanasia clinics

By Michael Cook

www.mercatornet.com

Although the passage of euthanasia laws in the Australian states of South Australia and Tasmania is far from certain, activist Dr Philip Nitschke is already making plans. He wants to set up a euthanasia clinic in Adelaide or Hobart as soon as it is legalized.

"There is a need for a service to provide end of life expertise for those considering using the new legislation. This is a specialist area where few doctors have expertise," Dr Nitschke said on Sunday.

Dr Nitschke is the only doctor in Australia who has actually euthanized people legally – under the Northern Territory's short-lived right-to-die legislation in the late 90s. He is the founder and director of Exit International, a voluntary euthanasia group based in Darwin.

He believes that the clinic would operate on an out-patient basis. "It is unlikely that those seeking an assisted suicide following the Australian legislation will end this lives in the clinic. Rather they will receive the information and necessary drugs but end their lives in their own homes."

Nitschke can't help himself

By Alex Schadenberg

Philip Nitschke, Australia's Dr. Death, is so confident that either the Australian state of Tasmania or South Australia will legalize euthanasia, that he has already announced his intention to open a euthanasia clinic.

It appears that Nitschke, who makes a business of selling memberships, books, information and devices for euthanasia or assisted suicide, has learned from Switzerland's Ludwig Magnolia that the real money is connected to the suicide or euthanasia clinic.

Magnolia, who operates the Dignitas clinic in Switzerland, has made a business out of suicide tourism. Magnolia charges membership fees to people who are interested in dying in his Dignitas clinic. The Dignitas clinic charges exorbitant fees for their suicide services making Magnolia a very wealthy man.

A few months ago, the NAVE Dutch euthanasia society announced their intention to open a euthanasia clinic.

Nitschke is simply recognizing that if he opens a euthanasia clinic that he will be able to make a killing.