



Euthanasia Prevention Coalition

NEWSLETTER

Number 89

September 2008

BILL C-562

Where does your member of parliament stand?

Bill C-562 is the private members bill that was introduced by Francine Lalonde BQ MP from La Pointe-de-l'Île to legalize euthanasia and assisted suicide in Canada.

Copies of the analysis of Bill C-562 can be sent to you upon request at: info@epcc.ca or 1-877-439-3348.

Due to the fact that this is a minority government, it is possible that an election will be called at anytime.

Whether this parliament survives until the fall of 2009 or not, Bill C-562 gives us the opportunity to learn the position of your MP on the issues of euthanasia and assisted suicide.

This can be done by either sending the parliamentary response card to your MP or by sending a letter to your MP. The letter may simply ask what his/her position is on the issues of euthanasia and assisted suicide.

If an election is called, we need to ask every candidate their position on euthanasia and assisted suicide. This can be done by letter or direct request.

Sample letters and information are on the website: www.epcc.ca

When you receive a response from your MP or the candidates during an election, please send that response to the Euthanasia Prevention Coalition.

During the Bill C-407 debate (2005), we learned the position of many MPs on euthanasia and assisted suicide.

The information obtained from our supporters will enable us to compile records on the position of MPs on euthanasia and assisted suicide allowing us to have effective lobbying information.

Parliamentary response cards can be ordered from our office for \$10 for 100 cards.

Washington State I-1000 assisted suicide initiative

By Alex Schadenberg, Edited by Wesley Smith

Recently I came across a fundraising letter by Faye Girsh, the former leader of the Hemlock Society (now "Compassion & Choices") in the United States and now the VP for the Hemlock society of San Diego California.

Girsh told Hemlock supporters that the I-1000 assisted suicide initiative in Washington State "is the most important focus of the right-to-die movement in more than a decade."

I agree – this is the most important initiative fronted by the euthanasia lobby in the past ten years. I am concerned that the coalition of groups and individuals who oppose physician-assisted suicide (PAS) have yet to wake up and realize the high stakes.

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DON'T MISS IT!

"DEATH MAKING" – Canada's National Euthanasia Symposium October 24-25 in Winnipeg, Manitoba

Featuring: *Not Dead Yet* founders **Diane Coleman** and **Stephen Drake**,

Palliative Care experts **Dr. Margaret Cottle** and **Dr John Scott**,

Disability leaders **Jim Derksen** and **Rhonda Wiebe**, **Dr. Mark Mostert** on eugenics,

Legal Experts **Hugh Scher** and **Neil Kravesky**,

and **Alex Schadenberg**.

Location: Victoria Inn Winnipeg

Registration: \$99 regular, \$69 Students or Persons with Disabilities.

Fill out the registration form included in this mailing or go to www.epcc.ca or call toll free 1-877-439-3348

Washington State initiative

(Continued from Page 1)

Since the legalization of PAS in Oregon, fourteen years ago, the euthanasia lobby has attempted to legalize PAS in several states through initiative campaigns similar to the one in Washington State, in the courts, and through legislation in California, Vermont, and Hawaii, among others.

All the attempts and strategies by the euthanasia lobby have failed. So why am I so concerned about this?

The euthanasia lobby has made the I-1000 PAS initiative in Washington State a national focus. Right-to-die groups are united in their support for the I-1000 PAS initiative and they are pouring millions into the campaign in Washington State from all over the United States.

Washington State was chosen by the euthanasia lobby to be the location for a nationally-focused initiative to legalize PAS based on polling data and the similar demographic make-up in Washington and Oregon its neighbor to the south.

Supporters of the euthanasia lobby have leaped to support their cause. Can we say the same for the opponents?

Currently, the Coalition Against Assisted Suicide in Washington State is badly losing the fund-raising war. It is like entering a boxing ring with one arm tied behind their back.

What's going on?

The euthanasia lobby tends to focus intently on the one issue. In contrast, groups and individuals in the coalition against assisted suicide have broad concerns across a wide swath of issues; thus their advocacy dollars are going to other places besides supporting the Coalition Against Assisted Suicide.

Moreover, while the euthanasia lobby groups are positively buzzing about Washington State, many people who oppose PAS are generally unaware of the campaign, or they may be too sanguine about the potential for a Yes vote this time around, since an earlier legalization attempt (1991) was turned down in Washington State.

Many among the public have been lulled into a mild acceptance of PAS because they also fear dying with uncontrolled pain. It is a natural human concern to fear pain, but the answer is not to shrug in acceptance of PAS but rather to demand proper care for people who are nearing death or experiencing chronic conditions. Medicine can provide excellent pain and symptom management. We must kill the pain, not the patient.

Some people have bought into the myth that everything is working well in Oregon. Little reported by the mainstream media indicate the contrary is true.

A recent study written by Dr's Herbert Hendin & Kathleen Foley, published in the Michigan Law Review: Volume 106: 1613-1640 - May 2008 entitled: Physician-Assisted Suicide in Oregon: A Medical Perspective, analyses the Oregon assisted suicide law over the past 10 years.

Hendin & Foley analyzed the practice of the Oregon law by referring to actual cases to determine the validity of the claim that "all is well in Oregon."

What they found

- A study at the Oregon Health & Science University indicated that there has been a greater percentage of cases of inadequately treated pain in terminally ill patients since the Oregon law went into effect. However, among patients who requested PAS but availed themselves of a substantive intervention by a physician, 46% changed their minds about having PAS.

- Even though the Oregon law states that those who appear to be experiencing depression or psychological problems and request PAS are to be referred for a psychological or psychiatric evaluation, only 13% were referred for an evaluation between 1998 - 2005 and in 2007 not one of the 49 people who died by PAS were referred for a psychological or psychiatric evaluation.

- In the Oregon law, PAS cases are reported by the prescribing physician. The Oregon Public Health Division (OPHD) have admitted that they have no way of knowing how many PAS cases are not reported.

- There is a concern in Oregon about the role of the PAS advocacy group Compassion & Choices (formally known as the Hemlock society). The advocacy groups have been directly involved in 73% of all PAS deaths in Oregon. How can the OPHD assure people that the law is being followed when the lobby groups are the referral agency for the majority of PAS deaths in Oregon.

Since the release of the Hendin & Foley study a new phenomenon has been uncovered in Oregon. Patients who are under-insured and dependent on Oregon Health Services for payment of medical treatment are finding that they are being denied medical treatment and being offered PAS.

Barbara Wagner, 64, was recently denied the cancer drug Tarceva that was prescribed by her physician as an effective treatment for lung cancer. Oregon Health Services sent a letter to Wagner informing her that they would not cover the cost of her treatment but they would provide palliative care and PAS.

Wagner received the "gift of life" from the drug company Genentech, who agreed to provide Tarceva for her for one year at no cost.

Randy Stroup, 53, of Dexter, Oregon, applied to the Oregon Health Services for chemotherapy. He also received a letter explaining that they would not provide chemotherapy but they would provide palliative care or PAS.

It appears that the Oregon Health Services now considers PAS to be equal to any other form of medical treatment, except for the fact that it only costs around \$50.00 to prescribe.

It is obvious that PAS directly threatens the lives of the most vulnerable people in society. The leaders of the disability movement recognize that giving a physician the right to directly and intentionally cause the death of another person can and will be abused.

Further to that, the uninsured and the working poor may find themselves experiencing pressure to accept PAS rather than seek expensive effective medical treatment for treatable conditions.

Assisted suicide is a dying movement

By Angie Vogt

Federal Way Mirror Political commentary

Years ago, I participated in a think tank discussion about various philosophies of life. One scholar in my group made the case that the philosophy of life embraced by a society will determine its level of happiness and its ability to prosper, more than any other factor, such as a society's economic system, legal structure, etc.

He humorously suggested that the best way to defeat a war enemy is to parachute nihilists into enemy territory and begin infusing their world with a sense of hopelessness. Eventually the enemy would kill itself out of sheer despair.

The nihilists in our midst – those who argue that life has no objective meaning or purpose, that no action is any more moral or immoral than another action – include “Death with Dignity” advocates. They’ve parachuted into our state recently and have brought with them hundreds of thousands of dollars in special interest money to advance their philosophy of “life has no meaning.” Their flag is Initiative 1000, the assisted suicide law that only one other state has passed in the last ten years. They’ve targeted Washington state as their best hope for resuscitating their dying movement.

For nihilists, the ultimate evil is suffering, so the pains of childbirth are not made more meaningful by the gift of life and the mystery of motherhood. The effort and hard work toward getting a college degree is not a meaningful process that shapes and forms the human soul, but is a means to an end that is only meaningful if it is fun.

For a nihilist, there is no honor in caring for vulnerable family members, as they are merely a hindrance to our lifestyle.

For a nihilist, since life has no objective meaning, then

Washington State (Continued)

In her fund-raising letter Faye Girsh exclaimed:

“We are concerned about the mobilization to raise significant money for (the defeat of the initiative). We feel that a victory in Washington is the best hope for California to have such a law. Our board has been consistently unanimous in its support of this effort.”

The euthanasia lobby is united in their effort to use Washington State as a springboard for their goal of legalizing PAS. They have already raised well over a million dollars from across the United States and have sent it to the Washington campaign. Faye Girsh is the prime example; she is raising money in California to legalize assisted suicide in Washington State.

Help make Faye Girsh's biggest fear come true.

We need to support the Washington Coalition Against Assisted Suicide and ensure that PAS is not legalized in Washington State. You can make a difference in Washington State and everywhere. Go to <http://noassistedsuicide.com/>

relationships are only meaningful when we decide they are. Grandma was nice when she made me cookies, but now she's pretty useless there in her wheelchair. She must be miserable, so let's just put her down, out of her misery, and get back to living life.

For nihilists, you hear a lot about “quality of life,” which is their way of determining whether somebody's life is worth living. They think they are being compassionate when they advocate for assisted suicide because life, ultimately, is only meaningful when it makes sense to them. They think they are alleviating grandma's suffering by putting her down. What they are actually doing is quelling their own fears of inadequacy and hopelessness.

When somebody is suffering from a terminal illness, rather than treat the pain with medicines that require continual monitoring (called palliative care) and rather than allow the process to ennoble them to a higher calling of service, they insist that the compassionate thing is to just end the whole ordeal. This is actually despair, not compassion.

Compassion means “to suffer with” or to walk with somebody in his or her suffering. When we do this, we distinguish ourselves from animals that kill the vulnerable. Every man, woman and child for himself, they would have us believe.

We ennoble ourselves by living for the higher purpose of human companionship and relationship, at the expense of personal comfort. In our humanity, we actually sacrifice something of ourselves for the benefit of someone else. “Sacrifice” actually means “to set apart for a holy purpose.” Holiness is only meaningful to people who believe life is worth living because it is a gift from a higher power. This concept is anathema to nihilists.

In their world, grandma's “right to die” becomes her obligation to stop being such a burden to others.

“Death with Dignity” advocates point to the Oregon law passed ten years ago that allows patients to request a lethal prescription from physicians. The law, which has resulted in almost 400 persons choosing death since it passed, does not require that the request be made in person.

Following receipt of the requests, the doctor could fax the prescription to a pharmacy where the patient or someone designated as the patient's agent could pick it up.

I-1000 does not require notification of family members and has no penalties for inaccurate reporting, but in fact keeps reports of deaths secret, which forbids any independent investigations of reported abuse or fraud. The Washington State Medical Association and Hospice providers oppose I-1000.

Here is a curious irony. The U.S. Supreme Court ruled recently that capital punishment, in the form of lethal injection, was cruel and unusual punishment. It ruled this in a case against a man convicted of a violent crime. One psychiatrist evaluated the convicted killer to be mentally retarded with an IQ of 59, while another had evaluated him to be of normal cognitive competence, but with a clear diagnosis of an anti-social personality disorder. If the convict requested death from a doctor, would that really change the value of his life?

Visit www.soundupdate.com.

Abandoning the Frightened and Depressed

By Wesley J. Smith

This story, published in the UK's *Guardian*, is a diary of Mienke Weide-Boelkes, a woman with brain cancer who is euthanized. Since the dead woman's son, Marc Weide, made it public, comment is warranted.

The story of Weide-Boelkes' euthanasia amply demonstrates the abandonment that assisted suicide/euthanasia consciousness generates in society, within medicine, and among families. And it proves clearly that the "protective guidelines" are utterly meaningless. It also demonstrates that once mercy killing is sanctioned, families become almost remote bystanders to their loved one's end.

To cases: One of the supposed requirements of Dutch euthanasia is that there can be no other way to alleviate suffering other than killing the patient. Yet, in this actual case, the woman who would soon be dead wants to die for fear of going bald during life-extending chemotherapy.

From the story:

The prognosis is she could live another year if she undergoes chemotherapy. But she won't. "I'm not going to go bald," she says. "I don't want people saying, 'How sad, that beautiful hair all gone.' Never."

Despite the ability to extend Weide-Boelkes' life, and the driving motives of worries that she will not be pretty (and hence not worthy of being loved?), and fears about losing the ability to engage in enjoyable activities as the reasons for wanting euthanasia, the doctor agrees to kill.

And here are two things so often seen in euthanasia/assisted suicide cases that are reported publicly: We have created a "choice" culture so pervasive that even in the face of impending killing families feel they are not entitled to resist their loved one's desire to be made dead. Second, the fear of the future from the patient – precisely what happens in Oregon with assisted suicide – is what most often leads to the killing, not the actual experience of unrelieved pain and suffering:

The doctor says euthanasia can take place next week.

Another doctor first needs to verify, though, that Mum cannot be cured, that her wish to die has been consistent, and that her suffering is unbearable. Martin is convinced of the first two conditions but not of the third. If Mum is too energetic to stay in bed, then how is her suffering unbearable? Mum puts her coffee down. "Well, I have to die anyway, don't I?" Then she asks us what we think. I interrupt: "It should be your own decision. None of us is to say anything." But Mum struggles to say she wants to die. Eventually I say, "I think what she finds unbearable is not so much her pain and sickness, but the fear of it getting worse and of losing control." When Martin is finally satisfied that Mum wants to end it, he agrees to contact the second doctor. He leaves with an empathetic nod to us all.

None of us is to say anything! And yet he did! Weide, not

his mother, found the words to justify the euthanasia. When she asked what the family thought, where were their kisses? Where were the assurances of always being there for her? Where were the phone calls to doctors to assure the patient her suffering could be alleviated through palliative care. Where were the efforts to obtain proper mental health interventions to help alleviate the woman's terror of the future? Instead, a clearly struggling woman was left to sink or swim in the midst of an emotional crisis! I know we are not supposed to "judge" in these matters, but what an abdication of a son's responsibility to his mother – what I call "terminal nonjudgmentalism" in action. On the day she dies, she vacuums the house!

I can hear she is hoisting the vacuum cleaner up to the attic. It is just after 6 a.m. It is the start of an increasingly mad day, during which Mum vacuums the whole house and does six loads of washing (one of which consists of a single white shirt). She scrapes all the woodwork on the outside of the house clear of moss and cleans the windows. After breakfast, I find Dad fuming after Mum has given him grief for not ironing fast enough. I ask him if it helps to see her as a mental patient instead of his wife. He grumbles. I think of what was said the night before, about Mum's relative physical fitness and her obsession with material objects and cleanliness. I feel an increasing tension as the day progresses and I still don't know whether it is going to be Mum's last.

Even the doctor pushes through hesitancy on the part of the patient. 6:15 pm:

The doctor arrives shortly after the scene with the toilets. Mum greets him, then disappears upstairs, saying, "Best let me potter for a bit." Nobody sees her for another 20 minutes. "Does it happen at all that people pull out at the last minute?" I ask. "Yes," Martin says. "Quite often I go home again and a new appointment is made. But in many cases the patient passes away between visits." When Mum comes back, listing things she has put in bags and boxes, Martin gently interrupts her: "Can I just ask you something? Is there still a lot you feel you need to do?" "Yes," she says, "I mean no. I'm just nervous." "I can always come back later if you are not ready," says the doctor. Mum sits down and listens to the doctor. Then she takes a deep breath and says, "OK. I am ready." At 7 p.m., with my father, brother and me around her bed as well as Martin, who has given her the injection, Mum goes to sleep.

This is beyond awful. Euthanasia leads to the most profound abandonment of frightened, depressed, and suffering people.

<http://www.firstthings.com/blog/2008/08/23/abandoning-the-frightened-and-depressed>

www.wesleyjsmith.com