

DUTCH EUTHANASIA TEAMS MOBILIZED MARCH 1



The Netherlands Euthanasia lobby (NVVE) began sending Mobile Euthanasia teams to private homes on March 1. Six Mobile Euthanasia Teams are now making home visits to people who were either denied euthanasia by their own doctor, or to people who lack mobility to visit their own doctor. The “Teams” will also be euthanizing people with dementia, if they had previously stated their intention to die by euthanasia.

The NVVE expects to add another 1,000 euthanasia deaths a year to the

nearly 3,000 deaths which are officially reported each year. The NVVE is currently welcoming people in the early stages of dementia and people who are suffering from chronic psychiatric problems. This is allowed under current legislation.

The latest development in the controversial history of euthanasia comes almost exactly 10 years after it became legal in the Netherlands on April 1, 2002. The NVVE is also sponsoring a film festival to celebrate the occasion.

UPDATES ON COURT CASES

At print time, EPC has received information that Justice Smith may issue a ruling in the Carter Case in the next two weeks in Vancouver BC. The Carter case, which seeks to decriminalize euthanasia and assisted suicide in Canada, was heard by Justice Smith in November - December, 2011. EPC has intervener standing in the Carter case.

If Justice Smith decides to legislate from the bench and open the door to euthanasia and/or assisted suicide, the Attorney General of Canada must immediately appeal the decision to the BC Court of Appeal.

EPC continues to ask our supporters to write hand-written letters to their MP and the Hon Rob Nicholson. Information on the letter-writing campaign is on page 4.

In Quebec, the Leblanc case seeks to decriminalize assisted suicide and euthanasia in Canada in certain circumstances. The next preliminary hearing is June 15. EPC and *Vivre*

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JOHN GEORGE COPPARD, CDR. (RET)

John Coppard was a spokesperson for EPC – BC during the Carter trial in Vancouver. John had survived an aggressive form of brain cancer. He recognized that laws that prohibit euthanasia and assisted suicide protected him in his time of

need. John was a courageous military veteran and a true gentleman. He died in the company of his family March 5 2012.

This issue of our newsletter is dedicated to the memory of John Coppard.



NEW INFORMATION FROM OREGON

The 14th Oregon assisted suicide report was released by the Oregon Public Health Division on March 6, 2012. We provide a short analysis of the Oregon report, in point form.

- 114 lethal dose prescriptions written during 2011, up dramatically from 97 in 2010. Of those who received a lethal dose, 22 had not ingested it by year's end, up from 13 the previous year. We expect the number of deaths to continue to increase.
- In 2011, 71 known deaths by assisted suicide occurred, up almost 10% from 65 in 2010 and 59 in 2009.
- 64 ingested the lethal dose prescribed in 2011, and an additional nine ingested a lethal dose prescribed in an earlier year, a total of 73 people ingested the lethal dose. 71 people died; 2 people regained consciousness and died of their underlying illness.
- 25 did not ingest the lethal dose and died of their underlying illness. In another 25, the ingestion status is unknown; of those, 3 have died. It appears that 22 people may still ingest the prescriptions from 2011.
- Only 1 of the 71 people who died by assisted suicide were referred for a psychiatric or psychological assessment. This is significant since the psychiatric/psychological evaluation is sold to the public as a "safeguard" to protect depressed or incompetent people from assisted suicide. A study by Linda Ganzini, published in 2008, found that 25% of people who had requested assisted suicide were either depressed or experiencing extreme feelings of hopelessness.
- The time between obtaining the lethal dose and death varied from 15 days to 872 days. Since the law requires the person to be terminally ill and within 6 months of death, how did at least one person live 2.4 years after receiving the lethal dose?
- The prescribing physician was present at only 6 of the 71 assisted suicide deaths. The law requires the prescribing physician to write the report. How can an accurate report be submitted by a physician who was not present at the time of death? On the other hand, the assisted suicide lobby group Compassion & Choices usually has a member present at the time of death. With no disinterested witness at the death, how can one ever be assured that nothing illegal has occurred?
- This year's report indicates that people requested assisted suicide for the following reasons: (1) 90.1% less able to engage in activities that make life enjoyable; (2) 88.7% loss of autonomy; (3) 74.6% loss of dignity, a term that was not defined.
- 23 of 71 people were concerned about inadequate pain control.
- The Oregon assisted suicide statistics show that elder abuse may be a factor and the assurance that those who obtain a lethal dose are competent is an illusion at best.
- The majority of the people who die by assisted suicide are white, educated and have private insurance. This indicates a certain level of wealth. In 2011, 63.4% of those who died by lethal dose were female. All of these factors coincide with the indicators for elder abuse.
- The report is based almost solely on self-reporting by death doctors. Are they telling the truth?
- The Oregon Health Authority has no authority or budget to investigate abuses or violations—even if a doctor did self-confess. All they can do is refer to the physician's licensing board.
- The documentation is destroyed after the report is published so there is no independent way to check.
- Over the years, the reports have grown increasingly sparse. Earlier reports stated how long the death doctor knew the dead patient. Often it was two weeks or less, a practice indicating mere Kevorkianism. Once opponents began hitting that button, the information ceased being publicized in a truly accessible manner.

NEWS FROM AROUND THE GLOBE

NEW LAW PROTECTS GEORGIANS FROM ASSISTED SUICIDE

In early February, the Georgia Supreme Court struck down a poorly worded law that prevented “advertising for the purpose of assisting a suicide.” The Final Exit Network (FEN) had been charged in the death of John Celmer, a man who was depressed and died after FEN assisted his suicide. As part of their defence, FEN challenged the advertising law... and won.

EPC called on the Georgia legislature to protect its citizens from assisted suicide. Bill HB 1114 was sponsored by Rep Ed Setzler. At the committee hearings, John Celmer’s widow Susan testified “John could be living a productive life if it wasn’t cut short. John was on powerful medications that prevented him from making a rational decision about ending his life.” We expect the bill to be signed into law by the Governor.

ASSISTED SUICIDE BILL INTRODUCED IN VERMONT – AGAIN

True Dignity Vermont and the Alliance for Ethical Health Care report that a new bill to legalize assisted suicide has been introduced in Vermont.

The Senate Judiciary Committee has allotted three hours of debate on bill S 103 on the morning of March 14.

During his 2010 election campaign Governor Peter Shumlin promised to legalize assisted suicide. Having failed to legalize assisted suicide in his first year, Governor Shumlin is trying again. Shumlin had previously sponsored bills to legalize assisted suicide, and received campaign donations from the well-funded suicide lobby.

ASSISTED SUICIDE BILL PROPOSED IN HAWAII – AGAIN.

Like Vermont, Hawaii has debated and defeated several bills to legalize assisted suicide. Last year a bill to legalize assisted suicide was unanimously defeated at the Health Committee.

Compassion and Choices then claimed that a 1909 law that gave Hawaii citizens the right to access experimental drugs could be interpreted to include assisted suicide. Attorney General David Louie declared that the 1909 law did not legalize assisted suicide.

Now the suicide lobby is trying again to legalize assisted suicide in Hawaii.

ASSISTED SUICIDE REFERENDUM IN MASSACHUSETTS.

On March 6, the Massachusetts Joint Judiciary Committee heard testimony concerning the Assisted Suicide Initiative. John Kelly, director of disability rights group *Second Thoughts*, said:

“...we believe that assisted suicide is a dangerous mix with a broken, profit-driven health care system.” The law lacks safeguards, said Kelly: “An heir can help make the request, sign as a witness and pick up the prescription. Once the lethal drug is in the home, no one will know if it’s taken voluntarily. If the person changed their mind, if they struggled, who would know?”

Member Karen Schneiderman said: “Economic and family pressures can make elderly and disabled people feel like they’re a burden. Under those conditions, how can a choice to commit suicide be considered a free choice?” She further stated that the law could single out old and disabled people for assisted suicide, while young, healthy people get suicide prevention services.

The suicide lobby must collect another 11,000 signatures to place the Initiative on the November ballot.

Second Thoughts needs the support of many groups and individuals in order to effectively oppose the assisted suicide Initiative in Massachusetts.



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dans la Dignité in Quebec applied for co-intervener standing in the Leblanc case. Our application was not opposed by the Crown or the lawyers for Leblanc, but the Judge has not made a decision yet.

On Friday, March 9, the Euthanasia Prevention Coalition filed our request to intervene in the Rasouli case at the Supreme Court of Canada. The Rasouli case seeks to grant doctors the right to withdraw life-sustaining treatment against the known wishes of a person and against the consent of the substitute decision maker.

The Rasouli case concerns Hassan Rasouli, who experienced significant neurological damage from a surgically

related infection after having a benign brain tumour removed. The doctors at Sunnybrook Hospital informed Mr. Rasouli's wife, who is a physician, that Mr. Rasouli was never going to recover and that they intended to withdraw the ventilator. The Rasouli family did not consent to withdrawing the ventilator and sought an injunction to prevent the removal of the ventilator.

EPC successfully intervened in the Rasouli case at the Ontario Court of Appeal, where the three judge panel unanimously determined that doctors were required to obtain consent before withdrawing life-sustaining treatment. We have been informed that the Rasouli case will likely be heard by the Supreme Court of Canada in November 2012.

Coming Up

**First European Symposium
on Euthanasia and Assisted Suicide
Edinburgh Scotland
September 7 – 8, 2012**

The organizing committee has moved the date from the first weekend of June, and is hopeful that the change will not provide difficulties.

Please stay in touch with us

More information will be available next month.

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Back Talk

Write To The Attorney General

This month, you can make a difference by writing a hand-written letter to your Member of Parliament and the Hon Rob Nicholson, Attorney General.

Urge the Attorney General to immediately appeal any court decision that weakens our laws that protect us from euthanasia and assisted suicide. Please send your letter to both:

Your MP
House of Commons
Ottawa ON K1A 0A6
and to

The Attorney General of Canada
Hon. Rob Nicholson
House of Commons
Ottawa ON K1A 0A6

The attorney general can also be reached at:
rob.nicholson@parl.gc.ca