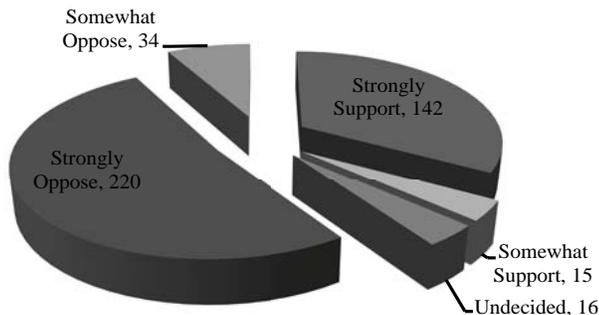


## MOST PRESENTATIONS OPPOSED EUTHANASIA

A study by *Vivre dans la Dignité*, a Quebec group opposed to euthanasia, shows that of the 427 presentations made before the Select Committee, 157 supported legalized euthanasia, and 254 opposed. The remainder were unclear. In spite of this, the committee strongly endorsed euthanasia.



## CANADIAN SOCIETY OF PALLIATIVE CARE PHYSICIANS OPPOSES QUEBEC EUTHANASIA

The Quebec report states that physicians would not be required to euthanize their patients but they would be compelled to refer their patients for euthanasia if the patient requested it.

After surveying its members, the CSPCP responded to the report of the Quebec Dying with Dignity committee. They stated that Palliative Care Physicians in Canada will not participate in euthanasia or assisted suicide and they rejected the concept that euthanasia is part of end-of-life care. CSPCP reports that 90% of palliative care physicians in Canada would not participate in euthanasia and 88% were opposed to its legalization.

The Canadian Society of Palliative Care Physicians urges the Quebec government to implement the palliative care recommendations and to reject the legalization of euthanasia.

## QUEBEC “DYING WITH DIGNITY” REPORT: GOOD NEWS / BAD NEWS

The Select Committee chosen by the Quebec government to report on end-of-life care published the Dying with Dignity report (the report) on March 22, 2012 in French, but not English. We prepared the present translations. The re-

port made 24 recommendations: 12 recommendations on improving end-of-life care under four broad goals, and 12 recommendations on euthanasia. Each bullet presents one recommendation. *Our comments appear in this style.*

### GOOD NEWS: PALLIATIVE CARE

#### 1. The Right to refuse or withdraw treatment

- The committee recognized the right of competent adults to refuse treatment or withdraw treatment, even if death is likely to follow. The report states that some people think that refusal of treatment is a form of euthanasia.

*Note: Every Canadian has the right to refuse treatment. Québec is the only province that has not legislated advance directives. Refusing treatment is not a form of euthanasia or assisted suicide.*

#### 2. Development of Palliative Care

- The Québec Department of Health and Social Services adopted a policy on palliative care in 2004. This policy was not implemented and must be implemented quickly.
- The development of palliative care in a home environment is an absolute priority.

- The training of health care professionals in palliative care must be improved.

- Palliative care must be explicitly included within the Law

- Health care institutions must be obligated to provide palliative care for their patients.

#### 3. Framework for Palliative Sedation

- There is significant divergence related to the use of palliative sedation and its ethical implications.
- Some people consider palliative sedation to be very close to euthanasia.
- A rigorous framework, including a practice guide must be provided.

*See Quebec page 2...*

### ... Quebec from page 1

- Ethical norms must be provided for palliative sedation wherever it is offered.

*Note: Properly done, palliative sedation is not euthanasia.*

#### 4. A Legal Recognition of Advanced Directives and

*promoting end-of-life care planning*

- Advanced Directives need to be recognized in the Québec Civil Code.
- Communication needs to occur to determine the wishes of people at the end-of-life.

## BAD NEWS: QUEBEC RATIONALE FOR “MEDICAL AID IN DYING”

The second half of the report focuses on legalizing euthanasia, but not assisted suicide. In its preamble before the recommendations, the report states its rationale for euthanasia. We present them here as numbered claims, with comments.

1. Euthanasia should be an option for exceptional cases.

*Note: The wide-open definitions in the report clearly indicate that euthanasia will not be limited to exceptional cases.*

2. Euthanasia provides options for people who are “suffering.” Euthanasia conforms to the values of “compassion” and “solidarity.”

3. For people who are afraid of suffering, euthanasia will bring serenity. They will know that euthanasia is an option.

4. Québec society has embraced the values of individual freedom, autonomy, and the integrity and inviolability of the person. Québec values are compatible with euthanasia.

5. Modern medicine can delay death for weeks, or even years. This has led to more painful long-term conditions.

6. The “values” of palliative care - treating symptoms without prolonging life - are compatible with euthanasia.

*Note: The Canadian Society of Palliative Care Physicians rejected the euthanasia recommendations of this report. They specifically condemned the notion that pal-*

*liative care is compatible with euthanasia. See Page 1.*

7. Since (1) patients must freely consent to medical treatment and (2) Québec law recognizes that patients can refuse medical treatment, therefore allowing euthanasia is an evolution and not a revolution.

*Note: To withhold or withdraw medical treatment is not a form of euthanasia or assisted suicide. The report deliberately confuses the issues.*

8. In the Netherlands and Belgium abuses have not occurred, therefore the report claims that it is possible to avoid abuses through the application of “strict safeguards.”

*Note: When I met with the Québec government Dying with Dignity commission I specifically gave them the pertinent studies related to the abuses that occur in the Netherlands and Belgium. The chair of commission stated that Jocelyn Downie, helped them with the report. Downie, a long-time euthanasia advocate, was also the person who assembled the Royal Society of Canada Ending of Life Decision Making Committee. She was instrumental in producing its one-sided report.*

*The claim that no abuses have occurred in the Netherlands and Belgium is a lie. To claim that abuses can be avoided through “strict safeguards” assumes that the report proposes strict safeguards.*

## VERY BAD NEWS: COMMITTEE RECOMMENDATIONS FOR EUTHANASIA

### 1. The Place for Euthanasia

- Euthanasia must be a part of the continuum of end-of-life care. It must be associated with the relief of suffering and based on the autonomy of the person.

*Note: This is similar to the model in Belgium : euthanasia is facilitated and paid for through the palliative care system. The Canadian Society of Palliative Care Physicians oppose euthanasia and will not participate in euthanasia.*

### 2. Approval And Consent For Euthanasia

- The person is a resident of Québec according to the Law on Health Insurance.

*Note: a person qualifies as a resident of Québec under the*

*health insurance plan, after residing in Québec for three months unless they come from another part of Canada or they are from Denmark, Finland, France, Greece, Luxembourg, Norway, Portugal or Sweden. It is possible that Quebec would become known for “euthanasia tourism.”*

- The person is an adult with the legal capacity to consent to treatment.
- The person requests euthanasia in a free and informed manner.

*Note: Considering the prevalence of depression, “feelings of hopelessness” and of elder abuse, it is not possible to ensure that this “safeguard” is not abused. Patients who live with “psychological suffering” cannot freely consent.*

- The person suffers from a grave and incurable illness.

*Note: Many people with disabilities live with a grave and incurable illness. This recommendation should cause people with disabilities to rise up against the report.*

- The person lives with physical or psychological suffering that is constant and unbearable and cannot be relieved by means that the person is willing to tolerate.

*Note: This definition allows euthanasia for people with physical or cognitive disabilities, chronic depression or mental illness, people who live with chronic conditions, or a frail elderly person who is "tired of living." This definition may be interpreted by the court to allow euthanasia for any reason.*

- The person's medical condition is characterized by a profound degradation of the person's capacities, with no possibility of improvement.

*Note: People with disabilities and people with chronic conditions often live with medical conditions that are characterized by a profound degradation of the person's capacity with no possibility of improvement.*

### 3. The Legal Framework

- Euthanasia can only be administered by a physician, after consulting another independent physician. The attending physician (the one who does the act), must submit a for-

mal declaration of euthanasia to a provincial board.

*Note: The doctor who euthanizes the patient submits the paperwork to the provincial board. Doctors do not self-report abuse, therefore the report to the provincial board is not a safeguard. This process does not protect the patient, it protects the doctor.*

- although euthanasia is classified under Canadian federal criminal law, euthanasia is a medical act, which is provincial jurisdiction. The proposed regulations would be legislated in the Québec Civil Code within the Law on Health and Social Services.

*Note: Classifying euthanasia as a medical act is an abomination of language. Medical acts are oriented to treating the medical conditions, not ending the life of a patient.*

- medical professionals could object to euthanasia, but they would be required to refer their patients to a physician who is willing to (euthanize) their patient.
- The attorney general in Québec would establish prosecution guidelines to ensure that people will not be prosecuted for euthanasia.

*Note: These guidelines will protect doctors who euthanize their patients.*

## CONCLUSIONS: VIGOUROUS OPPOSITION IS NEEDED IN QUEBEC

The "safeguards" that have been proposed by the report are identical to the Belgium Euthanasia Model.

- Belgium legalized euthanasia, but not assisted suicide;
- The reporting process in Belgium does not protect patients.

A study published in the BMJ - Oct 2010 found that 47% of the euthanasia deaths in the Flanders region of Belgium were not reported. Another study published in the CMAJ - May 2010 found that 32% of the euthanasia deaths in the Flanders region of Belgium were done without request or consent.

- There are no reports of doctors who were prosecuted in Belgium for breaking the law.
- Belgium requires doctors to approve euthanasia, but nurses can do it. The report has stated that the Québec nurses association needs to change their code of ethics.

A study published in the CMAJ - May 2010 found that 45% of the euthanasia deaths done by nurses in Belgium were done without request or consent.

- The report does not limit euthanasia to patients with terminal illness.

- The definition of suffering is subjective: euthanasia applies to people with psychological suffering and it can be done to someone who is incompetent.
- There will be no real safeguards, only protections for doctors.

Euthanasia is out-of-control in Belgium and if implemented, euthanasia will soon be out-of-control in Quebec. The euthanasia rate has continued to climb in Belgium since it was legalized and now euthanasia for people with dementia/Alzheimers and the practice of euthanasia by organ donation has been accepted.

The Québec Dying with Dignity report has not yet become law. The safeguards that are being proposed are at best an illusion. The Québec National Assembly needs to change directions and properly plan to care for all of its citizens and not kill. We must urge legislators to reject the recommendations to legalize euthanasia while supporting the recommendations to improve palliative care.

The Euthanasia Prevention Coalition will work with Vivre dans la Dignité in Quebec to convince the Quebec National Assembly to care for and not kill their citizens.

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## NEWS FROM AROUND THE GLOBE

### NEW ZEALAND MEDICAL ASSOCIATION: EUTHANASIA UNETHICAL

In response to the recent push to legalize euthanasia in New Zealand, Paul Ockelford, the chair of the New Zealand Medical Association, recently stated: *“Even if the law changed, euthanasia is unethical and cannot be condoned by the NZMA as a professional body.”*

He then stated: *“We would be absolutely opposed as a professional body, even if the law changed.”*

### GEORGIA GOVERNOR SIGNS BILL

Governor Nathan Deal signed a bill into law to protect Georgia citizens from assisted suicide. The bill became necessary after the Georgia Supreme Court struck down a law that prohib-

ited advertising for assisted suicide.

The hearings on the bill featured Susan Celmer, the widow of John Celmer, who died after his suicide was assisted by the Final Exit Network. Celmer was living with chronic depression and he was recovering from cancer.

### LOUISIANA STRENGTHENS LAW AGAINST ASSISTED SUICIDE

The law prohibiting assisted suicide was strengthened. The bill that passed unanimously in the house states that: someone authorized to approve medical procedures for another person, (e.g. surgical or medical treatment for the developmentally disabled or nursing home residents who may be unable to make their own medical decisions) may not approve any procedure that would be considered assisted suicide.

### VERMONT REJECTS ASSISTED SUICIDE

In March, the Senate Judiciary Committee rejected a bill to legalize assisted suicide. The identical bill was then attached to a tanning bed regulations bill in April. On April 12, the Vermont Senate debated the assisted suicide bill and then defeated the bill 18 to 11.

True Dignity Vermont and the Alliance for Ethical Health Care have defeated several assisted suicide bills.

An assisted suicide Initiative will be on the ballot in the Commonwealth of Massachusetts this November. We hope that Massachusetts citizens will follow the lead of Georgia, Vermont and Louisiana.

Second Thoughts, a disability rights group in Massachusetts, has been educating supporters to effectively oppose the assisted suicide Initiative.

**Coming Up**

#### **EPC co-sponsors First European Symposium on Euthanasia and Assisted Suicide**

September 7-8, 2012 at the Edinburgh Conference Centre on the beautiful grounds of the Heriot-Watt University in Edinburgh Scotland.

Registration: £150 for full conference.

Symposium: £50 per night Thurs, Fri, and Sat nights.

Speakers include: Alex Schadenberg, Canada; Dr. Bert Vanderhaegen, Belgium; Margaret Dore, USA; Paul Russell, Australia; Dr. Peter Saunders, UK; and more.

For more information: [www.carenotkilling.org.uk](http://www.carenotkilling.org.uk)

**Coming Up**

#### **EPC national conference November 10, 2012 London Ontario**

Save the date – On Saturday, November 10, 2012 EPC is holding the Canadian national conference at the Ramada Hotel in London Ontario.

The conference will feature a full-day of inter-active presentations, excellent speakers and discussion

We plan to end with a special dinner celebration.

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