



# Euthanasia Prevention Coalition

## NEWSLETTER

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### Bill C-384 - delayed by prorogued parliament

Prime Minister Stephen Harper recently announced that parliament has been prorogued until March 3, 2010. Parliament will open with the Speech from the Throne followed by the budget.

When parliament closes for an election, all pending bills die, but when parliament is prorogued, private members bills remain in the same order of precedence.

Bill C-384 was introduced by Bloc MP Francine Lalonde on May 13, 2009 to legalize euthanasia and assisted suicide in Canada. On October 2, C-384 received its first hour of debate. C-384 was scheduled to receive its second hour of debate on Nov 16. Instead, Lalonde traded-back the date for the second hour of debate three times, first Nov 19, then Dec 1, and finally February 2, 2010.

Now that parliament has been prorogued, the earliest possible date that Bill C-384 could be voted on is March 17th but it is more likely that it will go to vote on March 24th. Lalonde may trade-back again further delaying the vote.

During the past three months Francine Lalonde has successfully worked to create a debate in Quebec for the legalization of euthanasia and/or assisted suicide. The Quebec College of Physicians stated that they support the legalization of euthanasia and the Quebec Government has announced that they are

striking a research committee to consider the issue of euthanasia.

Since euthanasia and assisted suicide are federal issues in Canada, the committee in Quebec will probably recommend how Quebec could legalize euthanasia without approval by the federal government.

Members of Parliament are facing significant pressure from the euthanasia lobby to support Bill C-384 in order to create a national debate for the legalization of euthanasia in Canada.

We thank everyone who has contacted Members of Parliament, we need to re-double your efforts to oppose Bill C-384 by writing handwritten letters, participating in the Stop Bill C-384 post card campaign

### *Turning the Tide on the debate:*

Since Bill C-384 continues to be delayed, EPC has decided to turn the debate into a positive direction. EPC and its partners are now working to establish an all-party parliamentary caucus to identify ways to improve palliative care, chronic care, and services to people with disabilities. The goal is to move the debate on C-384 toward improving the care that is available for every Canadian.

### Euthanasia Prevention Coalition Dinner January 27th



EPC has organized a beef buffet dinner at the Huron House Restaurant - 1345 Huron St. (Corner of Huron & Highbury) in London, Ontario.

Alex Schadenberg, will speak about the future directions for the Euthanasia Prevention Coalition. EPC has faced a continuous barrage of legal and cultural challenges and is beginning a new direction to turn the tide in 2010.

Networking time at 6 pm. Dinner at 7 pm.

Tickets are \$20 each. Seating for 100 people. Contact us for tickets at: 519-439-3348 / 1-877-439-3348

### Baxter decision

### Montana Supreme Court legalizes assisted suicide in a narrow decision

The Montana Supreme Court ended 2009 by extending the culture of death in the United States by legalizing assisted suicide through a narrow decision. The Court decided by a 4-3 decision that there was no constitutional right to assisted suicide in Montana, but that there was also no law that specifically prohibited assisted suicide.

EPC sent out a media release on December 31st stating that the euthanasia lobby did not get what it wanted, while acknowledging that the court opened the door to legal assisted suicide in

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## *Fictional stickers promoting assisted suicide mislead the public*

By Alex Schadenberg

**O**n December 10, 2009 I wrote an article on my blog about a new website that was promoting the legalization of assisted suicide in Canada. At the time I was unsure whether this was a project by a couple of activists who didn't fully understand the issue or whether it was a new group attempting to confuse the public with misinformation.

Now I am responding to new information from a *Toronto Star* article on Dec 23, 2009 about the *Dignity in Death* website and park bench stickers. Link to the article: <http://www.thestar.com/living/article/742101--giving-dignity-to-bad-deaths>

This new euthanasia campaign that is being operated by two advertising executives is misleading the public concerning Canadian law and creating an emotional response to a very serious issue by using fictional stories.

The *Dignity in Death* website misrepresents what the euthanasia and assisted suicide laws state in Canada. The website falsely states that voluntary euthanasia is already legal in Canada. This is not true. What they appear to mean is that refusing life-sustaining

medical treatment is euthanasia. But this is not euthanasia.

Voluntary euthanasia is when a competent person voluntarily asks another person (usually a physician) to directly and intentionally cause their death. This is usually done by lethal injection.

One of the promoters of this euthanasia campaign (under the title - Greywizard) accused me (in this blog) of trying to rewrite the English language. This person was insistent that voluntary euthanasia occurs when life-sustaining medical treatment is discontinued. The fact is that the *Dignity in Death* website is wrong and irresponsibly misleading.

Instead of dealing with the facts Greywizard preferred to discredit me by accusing me of being religious. But euthanasia and assisted suicide are not strictly religious issues but rather public safety issues.

Euthanasia is prosecuted under Section 222 of the Criminal Code (homicide). Bill C-384, the bill that is being debated in parliament to legalize euthanasia and assisted suicide, would legalize euthanasia by amending section 222 of the criminal code.

The advertising specialists who are promoting the euthanasia campaign

stated to the *Toronto Star*:

"We've both seen cases where passive euthanasia is the right thing to do."

Just because two advertising executives want to call withholding or withdrawing life-sustaining medical treatment euthanasia, doesn't mean that it is euthanasia. It is often necessary to withdraw life-sustaining treatment to allow natural death to occur. If good people who oppose euthanasia are falsely convinced that this action is euthanasia, they will refuse and create medical problems.

The issue of euthanasia is very serious. When someone directly and intentionally causes the death of another person, (euthanasia) for any reason, the person dies. This is an irrevocable decision.

To create false sympathy by using fictional stories is irresponsible. The ad campaign attempts to create a situation where people will believe that unless we legalize assisted suicide, people will suffer when they are dying.

It is not necessary to give physicians the right to directly and intentionally cause the death of their patients in order to prevent suffering. What we need to do

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### **Montana decision**

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Montana.

The case began in 2008 when Judge Dorothy McCarter imposed assisted suicide on the State of Montana through a judicial edict stating that assisted suicide is a constitutional right in Montana. The Attorney General in Montana brought the McCarter decision to the Supreme Court of Montana who released their decision on December 31, 2009.

The Supreme Court of Montana issued a split decision by stating that there is not a constitutional right to assisted suicide in Montana, but then finding that Montana

law allows consent to be used as a defense for physicians who assist a suicide.

Therefore the Court denied the euthanasia lobby the constitutional right to assisted suicide (which they were seeking) but opened the door to assisted suicide by stating that if prosecuted, the physician could successfully use the defense that the patient had consented.

Eileen Geller, the President of True Compassion Advocates, in her media release, referred to Justice Jim Rice, who dissented in the Montana - Baxter decision. Justice Rice stated:

"The Court has badly misinterpreted our public policy: assisted suicide has

been explicitly and expressly prohibited by Montana law for 114 years. ... The policy of the law is to protect human life, even the life of a person who wishes to destroy his own. To prove that the victim wanted to die would be no defense to murder."

The Court also erred in its decision by the way it made a correlation between the withdrawal of medical treatment and assisted suicide. The Court stated that honouring a request to withdraw or withhold unwanted medical treatment was equal to physician assisted suicide. This is clearly false.

Wesley Smith, a consultant to the International Task Force on Euthanasia and

Assisted Suicide stated that the decision was: "very odd, particularly since in *Vacco v Quill*, the United States Supreme Court ruled unanimously that there is relevant and legal distinction between removing unwanted life support and assisted suicide."

The only ray of hope was that the Court decision could be reversed by legislative means. The Montana legislature simply needs to adjust their law to remove the defense of consent for reasons of assisted suicide.

We hope that the Montana legislature will have the political will to reverse this bad decision and that this overreaching Court decision.

## New research into Dutch euthanasia law casts doubt on who actually decides

**A**nthropologist and lawyer **Anne-Marie The** recently published a study in the NRC Handelsblad on euthanasia in the Netherlands casting doubt on whether people actually choose euthanasia.

She asked the question - Do the wishes of the patient always trump those of the doctor?

In her study she explained her concerns by recounting the following story.

The doctor and the patient had agreed to meet on a Friday at 2 pm. When the doctor rang the doorbell the patient was watching the Wimbledon tennis tourna-

ment on TV. Did the doctor mind if he finished watching the match first?

The researcher looked at the cases of euthanasia in the Netherlands by speaking to doctors, medical specialists, lawyers, ethicists and politicians about how the Dutch euthanasia law came to be and how it is applied.

She wrote, "There is the euthanasia law and then there is the euthanasia reality. To think that we have neatly arranged everything by adopting the euthanasia law is an illusion. Reality is more complicated than that: every patient, every situation and every doctor is different."

She found that the reality of the law does not always follow the procedure. She interviewed one doctor who told her of a case where the patient had requested euthanasia but since it was a Friday afternoon there wasn't another physician who could give a second opinion. The

doctor said that he did it anyway.

Anne-Marie stated, "In the end it all comes down to people, one doctor will bring it up himself, another will avoid the subject as long as possible. When it comes up, it is up to the doctor to figure out what the patient really wants. In the end (the doctor) has to 'feel' if euthanasia is the right solution."

The findings in The's study support what we have been stating for years. Legalizing euthanasia or assisted suicide is not about providing "choice at the end of life" but rather it gives the physician the right to directly and intentionally cause your death.

The also recognized that other countries are much more advanced in palliative care than the Netherlands. She writes, "by adopting the euthanasia law the Netherlands went the other way. Euthanasia came first, palliative care came afterwards."

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### *Fictional stickers*

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is improve access and the availability to excellent care in Canada.

Advertising executives need to maintain a level of ethics. The fact that the park bench stickers have fictional stories about a serious issue and they have website information that connects people to false and misleading information should be dealt with by advertising standards ethics.

As I was quoted as saying in the *Toronto Star* article:

"Alex Schadenberg, executive director of Canada's Euthanasia Prevention Coalition, agrees that the stories created by McKay and Manson "are very compelling" but calls their website "misleading and inaccurate."

"No one wants to see people suffering in the way they describe," but the pair confuse euthanasia, the debate on whether doctors should be able to actually take a life, with being able to request that a doctor withhold treatment so the disease takes its course, Schadenberg says.

In conclusion, it is interesting that the advertising executives are now saying that they are promoting living wills. I guess a good technique of dealing with criticism is to change the issue. The advertising campaign doesn't actually promote living wills but rather it promotes euthanasia and assisted suicide.

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### **Euthanasia in the Netherlands continues to rise**

**A**n article in the *Dutch News*, January 3, 2010, reports that there were approximately 200 more euthanasia deaths in 2009 than in 2008 in the Netherlands. This means that approximately 2,500 euthanasia deaths took place in 2009, but the article states that the actual number is unknown since only 80% of all euthanasia deaths are reported.

In order to have an accurate picture of the number of deaths that are directly and intentionally caused by physicians in the Netherlands, you need to know that assisted suicide is a separate category in the Netherlands. Therefore you need to add the assisted suicide deaths to the number of euthanasia deaths. The number of assisted suicide deaths was not reported in the article but it is approximately 400 deaths each year.

Another category is deaths without explicit consent. The most recent government report (2005) showed that the number of deaths without explicit consent was approximately 550. Many of the 550 deaths are directly and intentionally caused by the physician but

not reported as euthanasia because they lacked consent.

It was also reported in 2007 that approximately 10% of all deaths in the Netherlands were connected to the practice of terminal sedation. Many of those deaths were caused by the physician sedating the patient and then withholding hydration until death occurs, which usually takes 10-14 days.

Finally, the article acknowledged that six people with dementia died by euthanasia in the Netherlands in 2009, but the article does not say how many infants died by euthanasia. The Groningen Protocol allows infants who are born with disabilities to die by euthanasia based on the request of the parents and the agreement of the physician.

The Euthanasia Prevention Coalition wonders how many people with disabilities are coerced into death by euthanasia based on a false concept that living with a disability is a life of suffering. The Netherlands does not collect information concerning the euthanasia deaths of people with disabilities.

# Compassion not at the core of the Euthanasia debate

By Jim Mahony

The Calgary Herald

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As people across Canada line up for flu shots, their Members of Parliament are considering a more chilling issue: legalized euthanasia. And while there is every indication that Bill C-384, Bloc MP Francine Lalonde's 'right-to-die' bill, will itself die an early death, it raises issues about compassion that must be faced down, sooner or later.

If there is any doubt about the issue's importance, it was brought home by a recent poll of Quebec doctors which Canada's euthanasia advocates – and some journalists – have greeted as if it were a clear call for legalized euthanasia by the province's medical profession. In fact, the survey by the Quebec Federation of Medical Specialists was anything but, as even a brief review will make clear.

While 74 per cent of federation members who responded would "certainly or probably" favour a legal framework for euthanasia in Canada, those who say the poll is evidence of majority support for euthanasia overlook a critical point. Of the federation's more than 8,000 members, just 23 per cent, or less than one in four responded to the poll. That's hardly a ringing endorsement, and it conveniently leaves out the 6,000 Quebec specialists who didn't voice their views one way or the other.

Equally important, federation members make up only about half of Quebec's roughly 16,000 doctors, some 8,200 of whom are family physicians and general practitioners (i. e., non-specialists). Most of these doctors belong to another professional group which notably has not weighed in on the euthanasia debate. Let's not generalize about medical opinion until all physicians' groups have spoken.

Far from heralding any sea-change in Canadian society, the federation's poll is more likely evidence that a minority of Quebec specialists -- those endorsing euthanasia -- are trying to get a jump on their more Hippocratic colleagues in the public debate on this topic. On that score, it's worth noting that the Canadian Medical Association, a much larger, national physicians' group, has made very clear that it does not support euthanasia, a point which Canada's euthanasia-boosters have somehow overlooked.

In the end, the debate over euthanasia will not be won or lost by opinion polls, but through a reasoned public discussion. Moral values are naturally part of that dialogue because many faiths, including Christianity, view killing -- the taking of innocent life -- as morally wrong. Yet, euthanasia-boosters bridle at any talk of killing, preferring to chant the "right to die" mantra. That only confuses the issue. One Quebec doctor

offers a more reasoned view.

"To give the right to die to the patient, you must give a right to kill to the physician," Andre Bourque, head of family medicine at the University of Montreal, told the CBC in October. If there is any doubt about what euthanasia proponents are asking for, Bourque's comment makes it clear. It is about killing, not dying.

Since Bill C-384 was tabled in Ottawa, it's also about one MP asking Parliament to give Canada's doctors the legal right to kill. Thirty years ago, there would have been little debate on this issue, because so few Canadians would entertain the notion of euthanasia. Only since society has largely sidelined

religious belief have some of its "thinkers" discarded traditional morality, including much of the value usually accorded human life.

In fairness, some people view euthanasia as the answer to

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the problem of suffering. Society wants a quick fix, especially for suffering among the dying, terminally ill and elderly. Yet, how often need it be said that we do not show compassion by killing, but by journeying with the sufferer? Arguably, there is no quick fix for any complex problem, least of all this one.

If Canada legalizes euthanasia, it will go swiftly from being a society that brings compassion to the suffering to one that merely executes them, albeit in a clinical setting. Euthanasia advocates say unspecified "safeguards" will ensure that only the willing will be killed. Yet, safeguards had no such effect in the Netherlands, where cases of involuntary euthanasia (i. e., without consent) are well documented. The Rummelink report made that clear.

Canada should think twice before going down the road of imposed death, but so should doctors. Whenever talk of legalizing euthanasia arises, ethicists ask how it would affect the often fragile trust that exists between patient and doctor. "A physician is there to support, comfort (and) heal," says Dr. Bourque. "The minute you give him/her the right to kill, you have changed something in the relationship."

That's an understatement. The tradition of the physician as healer is long-standing and ancient. Patients have for centuries looked to their doctors for help, healing and relief, never for death. Arguably, the success of any treatment depends on the continuance of that trust. How long will it survive, if doctors are given the right to kill?

*A journalist and former Calgary lawyer, Jim Mahony writes about healthcare ethics and end-of-life issues.*