



# Euthanasia Prevention Coalition

## NEWSLETTER

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### Parliamentary debate on Bill C-384

The first hour of debate on Bill C-384, that is sponsored by Francine Lalonde (La Pointe-de-l'Île, BQ) to legalize euthanasia and assisted suicide in Canada, took place on Tuesday, March 16, 2010.

Bill C-384 was introduced at first-reading on May 13, 2009. It then had its first hour of debate on October 2, 2009 and was scheduled for its second hour of debate on November 16, 2009. Lalonde then traded-back in the order of precedence three times to delay the second-hour of debate and vote on the bill. Then, Prime Minister Harper prorogued parliament. Since C-384 had not been voted-on at second reading, therefore prorogation returned C-384 to requiring a first and second hour of debate before it could be voted on at Second Reading.

Lalonde began her speech in parliament by enunciating her strategy, that of pressuring MP's to support Bill C-384 at second-reading in order to amend it in committee. She stated,

"I think that studying my bill in committee and passing it after consideration and amendments would at last rid us of the criminal nature of physician-assisted dying by euthanasia or assisted suicide."

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### C-384 second hour of debate scheduled for April 20

The second hour of debate for Bill C-384, the bill that would legalize euthanasia and assisted suicide in Canada, is tentatively scheduled for Tuesday, April 20, with the vote being scheduled for Wednesday, April 21.

It is anticipated that Francine Lalonde, the Bloc Québécois MP that sponsored Bill C-384, will once again trade backwards in the order of precedence to delay the vote, but we are preparing for the possible vote on April 21.

The time to contact your MP is now. If you have contacted your MP, then do it again to remind your elected representative that you are opposed to Bill C-384.

For more information go to our website at: [www.epcc.ca](http://www.epcc.ca) or call us toll free at: 1-877-439-3348.

### Euthanasia Prevention Coalition is producing a short video to dispel the myths concerning euthanasia.

The recent statements by the Quebec College of Physicians concerning euthanasia need to be challenged by medical professionals.

The proper use of sedation techniques and the proper use of pain relief medication is not euthanasia and to confuse them with euthanasia is harmful and dangerous. The abuse of sedation and

pain killers can be euthanasia.

To dispel the myths, the Euthanasia Prevention Coalition is producing a video that will feature respected medical professionals. This video will be sent to Members of Parliament.

This is a very expensive and yet necessary project. Please support us with your donation towards this project.

### Assisted Suicide Push Back Seminar

Seattle - June 5

The Euthanasia Prevention Coalition, True Compassion Advocates, Physicians for Compassionate Care, Compassionate Health Care Network & the Euthanasia Prevention Coalition - BC are co-hosting an educational seminar on the assisted suicide statutes in Washington, Oregon and Montana.

The seminar will be at the Radisson Airport Hotel - Seattle-Tacoma. The Assisted Suicide Seminar room rate is \$99.00 per night. Call the hotel at: 206-244-6666.

**Date: Saturday, June 5, 2010,**

**Time: 9 am - 5 pm.**

**Cost: \$99.00 Regular  
\$69.00 Students or People with disabilities.**

The Assisted Suicide Push-Back Seminar will update the participants on the status in Oregon, Washington, and Montana and discuss future directions for challenging assisted suicide. We will also examine how Compassion & Choices is working to change healthcare options in California and throughout the United States.

We are convinced that by working together we can effectively push-back the euthanasia lobby

For those who cannot attend the Assisted Suicide Push-Back seminar, please consider making a donation of \$69 to enable a student or a person with a disability to attend.

Please consult the seminar flyer that is included with the mailing.

## First hour of debate on Bill C-384

### **Bill C-384 is fatally flawed. There is nothing redeeming or worth amending in the bill.**

Bill C-384 legalizes lethal injection for people who suffer chronic physical and mental pain even when the condition is treatable.



Francine Lalonde

Bill C-384 is not limited to competent people. It legalizes euthanasia for people who “appear to be lucid”. You are not required to be lucid only to appear to be lucid.

Lalonde then began her second strategy which is to create confusion about what euthanasia and assisted suicide is and what Bill C-384 does. Lalonde states:

“In a context where any act aimed at shortening life is considered murder punishable by criminal sanctions, it is rather difficult to have an open and frank

discussion on all the care that would be appropriate at the end of life.”

### **Lalonde’s comments are false and misleading.**

Euthanasia is when a person (usually a physician) directly and intentionally causes the death of a person, based on suffering. Euthanasia is usually done by lethal injection.

Assisted Suicide is when a person aids, abets or counsels a person to commit suicide. Aiding suicide is usually done by writing a prescription for a lethal dose.

Lalonde supports the false comments by the Quebec College of Physicians who argue that euthanasia needs to be legalized to protect doctors who use sedation techniques and large doses of morphine, acts that they claim are the same as euthanasia.

**The proper use of morphine and other analgesics is not euthanasia.** The proper use of analgesics will relieve pain and if the rare and unintended consequence is the death of the person, then it is clearly not euthanasia but rather it is an unintended death. To abuse analgesics can be euthanasia and this should not be confused with the effective and proper use of pain relief medication.

**The proper use of sedation techniques is not euthanasia,** but rather a good form of palliative care. When a person is properly sedated to relieve pain, this is not euthanasia. The abuse of sedation techniques can be euthanasia.

False and misleading comments concerning the proper use of sedation and analgesics to effectively control pain may lead some physicians to hesitate from using large doses of analgesics or hesitate from sedating a person who is experiencing painful symptoms. This would be a tragic.

Lalonde then asked the question:

‘What will the parliament of Canada do?’ if the Quebec government commission that is seeking information on euthanasia and assisted suicide, introduces a motion in the Quebec legislature to legalize euthanasia?’

Lalonde continues to promote the myth that her bill is strict and limited. She stated:

“My bill has a specific objective. It deals only with people capable of making decisions for themselves who are living in conditions of suffering that cannot be alleviated.”

“ My bill is specific and limited”

### **Bill C-384 is far from being specific and limited.**

It allows euthanasia (lethal injection) and assisted suicide (lethal prescription) for people who are experiencing physical or mental pain or terminally ill, who have accepted or rejected effective treatments, and who appear to be lucid.

Bill C-384 is not limited to terminally ill people. It allows euthanasia for someone who is experiencing chronic physical or mental pain, who have rejected effective treatment, even effective treatment for chronic depression, who only appear to be lucid. This means that Bill C-384 would allow someone who lives with chronic but effectively treatable depression could be killed by lethal injection.

### **This is a bill that specifically targets people with disabilities who live with chronic conditions.**

**C-384 is a recipe for elder abuse.** A person only needs to appear to be lucid and the bill does not require a witness at the time of death to ensure that the person who died, actually consented.

Lalonde is creating confusion about what euthanasia and assisted suicide is and what Bill C-384 does. She is pressuring MP’s to vote for Bill C-384 at second reading, even if they don’t actually support the bill, to allow the bill to be debated and amended in the justice committee.

Lalonde is constantly repeating a lie with the hope that the lie becomes accepted as a fact.

**Bill C-384 needs to be defeated at second reading. Tell your MP to vote against Bill C-384**

## First hour of debate on Bill C-384 - further analysis

The first-hour of debate on C-384 began with a 15-minute speech by Francine Lalonde. My commentary on Lalonde’s speech was covered in the previous article.

After Lalonde’s speech she was first asked a question by James Lunney (Nanaimo - Alberni, CPC). Lunney asked her to respond to the document that was signed by nearly 150 physicians in Quebec who oppose euthanasia.

Lalonde responded by stating that three of the writers of that document are known to be Catholic. She then stated:

“We have a right to defend our religion, but we cannot force our religion on others.”

Lalonde simply minimized the concerns of the Quebec physicians based on the fact that three of the writers are known to be Catholic.

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## First hour of debate on Bill C-384 - further analysis

The next question was from Paul Szabo (Mississauga South, Lib). Szabo asked if legalizing euthanasia will create a conflict in the doctor-patient relationship.

Lalonde responded to the question by stating:

“The majority of doctors, as I was saying, are in favour of reviewing end-of-life care. In end-of-life care there is a place for sedation and a place for euthanasia.”

The final question was from Bill Siksay (Burnaby - Douglas, NDP) who is known to support euthanasia.

Siksay asked Lalonde about the Slippery Slope and then he quoted “ethicist” Arthur Shafer, from Manitoba, who claims that the slippery slope does not exist.

Lalonde agreed with Siksay that the slippery slope does not exist.



David Sweet

The first speech was by David Sweet (Ancaster - Dundas - Flamborough - Westdale, CPC). Sweet began by stating his opposition to C-384 and his respect for MP's with other positions on the issue.

Sweet then described the painful and traumatic death that his mother experienced. The whole family cared for his mother as she approached death while suffering.

Sweet then stated:

“I think we can all agree with the overall objective of ensuring that people with terminal or severe illness suffer less. However, I do not believe that Bill C-384 is the answer. In fact, I have stated before in this place that, in my opinion, Bill C-384 is irresponsible. Frankly, I am convinced that it is diametrically opposed to the Charter of Rights and Freedoms which guarantees individual Canadians the right to life, liberty and the security of person.

I am deeply concerned that Bill C-384 would allow anyone to request medical assistance with suicide or euthanasia without sufficient oversight or regulation. Clearly, no one is going to make that kind of decision lightly, but nor should it be so readily accessible that an irreversible decision could be made too hastily, out of pain or emotion, or out of guilt that someone would be a burden to others.”

Sweet then quoted Margaret Somerville concerning the Netherlands experience with Euthanasia and then quoted from Canada's Law reform commission report from 1982 which stated:

“There is, first of all, a real danger that the procedure developed to allow the death of those who are a burden to themselves may be gradually diverted from its original purpose and eventually used to eliminate those who are a burden to others, or to society. There is also the constant danger that the subject's consent to euthanasia may not really be a perfectly free and voluntary act”

Sweet commented on the imprecise language of the bill. He stated:

“The bill before us would allow for physician assisted suicide and euthanasia if the subject appears to be lucid and is

in severe physical or mental pain and yet there is no definition of what constitutes severe pain or mental pain. I would hate to see an elderly, ill or disabled Canadian, feeling that he or she is a burden to his or her caregivers or to society, request assisted suicide using severe mental pain as a reason.”

Sweet concluded his speech by urging parliament to support improvements in pain and symptom management and to oppose Bill C-384.



Paul Szabo

The next speech was by Paul Szabo (Mississauga South, Lib). Szabo began his speech by underlining that he had been a member of the Mississauga Hospital ethics committee for five years.

Szabo then explained what euthanasia and assisted suicide is. He stated:

“Euthanasia involves a physician directly injecting a lethal substance into another person with the person's consent. Physician assisted suicide involves a physician who provides the individual with information, guidance and the means, such

as a prescription for a lethal drug, with the intent that the person himself or herself will take his or her own life. Bill C-384 seeks to legalize both euthanasia and assisted suicide.”

Szabo pointed out some of the flaws with Bill C-384:

“My immediate reaction is that it does not restrict this availability to Canadian residents. Anyone could walk into Canada and request euthanasia, which is silly.

The bill does not define terminal illness. It does not define lucidity. It does not define a whole bunch of things. In fact, it requires the patient to be free from duress or coercion, but it does not give any indication of how that might be addressed.”

Szabo finishes his speech by stating that he opposes Bill C-384. He urges the government to support improvements to palliative care and then stated:

“In my view, it is simply wrong to deliberately kill another human being.”



Joe Comartin

The next speech was by Joe Comartin (Windsor - Tecumseh, NDP). Comartin begins his speech by stating that Bill C-384 is a private members bill and his caucus will be allowing a free vote. He then states that most of the members of the NDP are opposed to Bill C-384.

Comartin then stated that he is not opposed to the legalization of euthanasia or assisted suicide in principle but rather he is opposed to legalizing it at this time. He said:

“I have come very definitely to the conclusion that it would be premature for Canadian society, at this time, to move down this road. Again, we may never move down this road, but we certainly should not at this time, for

## First hour of debate on Bill C-384 - further analysis

two primary reasons.”

The first reason Comartin gives for opposing euthanasia at this time is the lack of effective palliative care that is available. Physicians still require more training.

The second reason Comartin offers for opposing euthanasia at this time is that we still lack sufficient services for end-of-life care in Canada. He stated:

“Until we are in a position to complete the building of the medical infrastructure that we need to support patients, we cannot go down this road. We have to think about the unintended consequences every time we pass legislation, and this is certainly a classic example of where we end up with an unintended circumstance. We think what we are doing is helping a patient, a citizen of our country, but what we are doing is severely terminating lives of this much larger group in the form of the frail elderly.”

Comartin then comments on the collateral damage that has occurred in the Netherlands and the fact that there is now political regret for legalizing euthanasia.

“In 2009 the minister (who steered the euthanasia bill through the Dutch parliament) went public, supporting exactly the position I set forth before Parliament tonight. She recognized they did not have anywhere near a full system of palliative care in Holland. She has recognized, by the statistics that are coming out now, that it is the frail elderly who are overwhelming being euthanized. It is not what was intended. This was a consequence that resulted. She has made it quite clear that if faced with the decision today, she would not have marshalled that legislation through her legislature until that system was built.”

Comartin finished his speech by suggesting that we need to invest in our medical infrastructure before we consider legalizing euthanasia.



Diane Bourgeois

The next speech was Diane Bourgeois (Terrebonne - Blainville, BQ) who began by complementing Lalonde and backing C-384.

Bourgeois begins by urging MP's to support C-384 at second reading to send it to committee for improvement. She then went on the attack by accusing MP's who have spoken against the bill to be lying because of their religious beliefs. She said:

“Two members have made false and dishonest comments about the bill. These comments are tainted by religious ideology. They cannot tell me that they have read the bill correctly. Their religious ideology showed through their comments. ... Some even go as far as to lie to the House tonight to show that they are against the bill. What some members said about the bill is not true.”

Bourgeois then attacked the comments David Sweet made about his mother. She said:

“I listened to one of our colleagues across the floor who

was saying earlier that his mother passed away while in pain, but despite everything, she died peacefully. How would he know? How can he know if his mother died peacefully while she was in pain? She had no choice.”

Bourgeois then tells the story of Claire Morissette who died a terrible death on July 20, 2007. She completes her speech by saying:

“We would not let an animal die this way. If your dog was suffering, you would take him to the veterinarian. What about a human who is suffering terribly? We do not give them the possibility.”



Mark Warawa

The debate on Bill C-384 ended with Mark Warawa (Langley, CPC) starting his speech, but almost immediately running out of time. Warawa began his speech by stating:

“The seniors that the hon. member just spoke of are not trash. They are treasures.”

Warawa said he opposes Bill C-384 and began to explain why this bill should be defeated. He stated:

“First, Bill C-384 is too broad in terms of its scope. ..., The proposed legislation ... would not only apply to terminally ill patients but also to persons who suffer from severe physical or mental pain.

Therefore, under the bill, persons who suffer from depression could request that a doctor help them to commit suicide. They could also request that the doctor carry out the act itself that would cause their death.”

The debate was then ended. The speaker gave Warawa eight minutes during the second-hour of debate that is scheduled for Tuesday, April 20, 2010.

Contact your Member of Parliament and tell them that you oppose Bill C-384.

### Organ procurement after euthanasia

A recent study published in [www.sciencedirect.com](http://www.sciencedirect.com) outlines the experience of procuring organs on people who have requested euthanasia. The study suggests that there must be a clear separation between the request for euthanasia, the euthanasia procedure, and the organ procurement procedure.

The study followed 4 cases. In each case the euthanasia procedure was done first. When death was ascertained, the organs were then removed and transplanted.

The study concludes states that the physicians and transplant teams thoroughly discussed the cases and believe that permission for organ donation could not be waived because the person died by euthanasia.

The Euthanasia Prevention Coalition wonders how long it would take before euthanasia becomes commonly done by the removal of the vital organs.