Euthanasia Prevention Coalition
NEWSLETTER
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EPC Strategy Meeting - June 19, 2010

We want your input

EPC is hosting its strategy meeting and AGM on Saturday, June 19, at the Best Western - Toronto Airport Hotel, 5825 Dixie Rd., Mississauga.

Work with us to strengthen our strategy to Turn the Tide on the issues of Euthanasia and Assisted Suicide in Canada. We are convinced that we can create a "Made in Canada" solution to these issues.

The strategy meeting will include presentations and open discussion forums. We will examine the direction of the parliamentary committee on Palliative and Compassionate Care and learn about Elder Abuse.

The meeting will begin at 10 a.m. and end at 4 p.m. You may want to join us for dinner afterwards.

We will establish where we are at with presentations by Alex Schadenberg, Margaret Dore, Rhonda Wiebe, and MPs.

We will then have a strategy meeting concerning our future directions and how they can be achieved. Tim Egan has agreed to facilitate the discussion. We need your input.

The cost is $50 per person, which covers the cost of the food and the meeting room.

If you need to stay overnight, call the Best Western at: 905-670-8180 to book your room for $85.00 per night and say it is for the Euthanasia Prevention Coalition meeting.

Push-Back Seminar – *a big success*

The US/Canada Push Back Seminar in Seattle was a huge success. Our theme - Celebrating our success - moving to the future emphasized how we have achieved the incredible victories in Canada and New Hampshire and how to translate that into future wins in Montana, Idaho and hopefully Washington State.

Alex Schadenberg, from the Euthanasia Prevention Coalition spoke about the importance of establishing and maintaining a focused strategy. He promoted the need for an American group that could work on the political front specializing on the issues of euthanasia and assisted suicide.

Alex then explained why it is necessary to have a coalition of groups and individuals who represent different parts of the political and social spectrum. If we have leaders from all sides of the political and social spectrum then we are able to work with people from different points of view.

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Celebrate: We won in Connecticut

October 7, 2009; Compassion & Choices, the leading euthanasia lobby group in the world, proved their level of audacity by launching the Blick v Connecticut case. This lawsuit claimed that the Connecticut statutes 53a-56, which prohibit assisted suicide, do not apply to "aid in dying" because "aid in dying" is not suicide.

In other words, Compassion & Choices were claiming that "aid in dying," which is another term for assisted suicide, is not part of the assisted suicide law because "aid in dying" is not suicide. The case was simply a word game.

In their commentary, Alex Schadenberg and Margaret Dore stated, "The claim that the assisted suicide statute does not apply to "aid in dying" is like saying that by calling a fish a dog, there is no violation of a law against fishing out of season. If this lawsuit didn't involve such a serious matter, it would be considered a bad joke."

On November 19, 2009, the State of Connecticut moved to dismiss Compassion & Choice's complaint.

On June 1, 2010, the Superior Court in the Judicial District of Hartford Connecticut dismissed the Blick case by finding that,

(1) "aid in dying" is another word for assisted suicide;

(2) the case was not ripe - meaning there was not immediacy to force the court to decide;

(3) the issue of public policy concerning assisted suicide must be decided by the legislature and not by the court.

The Blick decision finally ends

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The crime of assisted suicide:

Internet suicide predators

Barbara Coombs Lee, president of the assisted suicide lobbying group, Compassion & Choices, has posted a response to the arraignment of nurse William Melchert-Dinkel (47) on two counts of aiding suicide. According to the criminal complaint, Melchert-Dinkel trolled the internet, posing as a young woman, encouraging dozens of people to kill themselves. The specific charges arise out of the deaths of 23-year-old Mark Drybrough and 18-year-old Nadia Kajouji.

Coombs Lee's post on Compassion & Choices' blog is titled: "The Real Crime of Assisted Suicide." She states that reporters have been calling Compassion & Choices for comment, "perhaps with the expectation that we would not condemn the alleged behavior." Coombs Lee, however, and rightfully so, condemns the alleged conduct of Melchert-Dinkel.

Coombs Lee's post is, nonetheless, not up front about the role of her organization. First and foremost, Compassion & Choices also encourages suicide, which she euphemistically terms "aid in dying." Coombs Lee further states that "aid in dying" is something "different" from suicide, in part, because she claims it is limited to people who are dying anyway. She states, "Aid in Dying … changes only the timing of the imminent death in a minor way." She also claims that "aid in dying" promotes patient "self-determination." This is not only wordplay, but malarkey.

Last week a Connecticut court decided that "aid in dying" is in fact assisted suicide by another name. In the Blick case, Compassion & Choices argued that the Connecticut law that prohibits assisted suicide did not prohibit "aid in dying" because "aid in dying" is not suicide.

The Connecticut court concluded that the definition of "aid in dying" is identical to the definition of assisted suicide and therefore "aid in dying" is prohibited by the assisted suicide statute in Connecticut. In other words, "aid in dying" is simply another name for assisted suicide.

Compassion & Choices has recently, at least twice, proposed expanded "aid in dying" laws, which would apply to non-dying people. In New Hampshire, where an assisted suicide bill was defeated in January, her organization proposed a definition of "terminal condition" so broad that it would have included otherwise healthy people with disabilities. See here:

http://notdeadyetnewscommentary.blogspot.com/2009/01/new-hampshire-poised-to-redefine.html.

Similarly, in Montana, Compassion & Choices' definition of a "terminally ill adult patient" would have applied to an 18-year-old who is insulin-dependent or a young adult with stable HIV/AIDS:

http://www.euthanasiaprevention.on.ca/ConnMemo02.pdf

Compassion & Choices' broad definitions of "terminal" are also significant in terms of healthcare delivery. This is because once patients are labeled "terminal," an easy justification can be made that their treatment or coverage be denied in favour of someone "more deserving." In Oregon, where assisted suicide is legal, this has already happened, with the most well-known case involving Barbara Wagner. Wagner, who had cancer, wanted the chance to live that the drug Tarceva offered her. The Oregon Health Plan, however, denied coverage and offered to pay for "aid in dying." Wagner did not see this "option" as a celebration of her "self-determination." She said: "I'm not ready; I'm not ready to die."

In November 2008, Coombs Lee commented on the Wagner case. In an *Oregonian* editorial, she defended the Oregon Health Plan, argued against Wagner's choice to try Tarceva and argued for a public policy change to discourage patients from seeking cures. Coombs Lee stated,

"The burning health policy question is whether we inadvertently encourage patients to act against their own self interest, chase an unattainable dream of a cure, and foreclose the path of acceptance that curative care has been exhausted and the time for comfort care is at hand. Such encouragement serves neither patients, families, nor the public."

So much for patient "self-determination." Moreover, if the broad definitions of "terminal" suggested by Compassion & Choices were to be adopted, would the next "Barbara Wagners" include 18-year-olds dependent on insulin or young adults with HIV/AIDS? This is a fair question.

Part of the shock expressed with Melchert-Dinkel's conduct concerns his alleged use of deception to hide his true identity and agenda. Compassion & Choices, deceptively named, has a similar attribute.

Compassion & Choices is known for deceiving the public concerning their actual intentions. Their goal is to confuse the public into accepting their agenda.

Legal assisted suicide, whatever its name, is not about patient self-determination. It is about enabling physicians or other people and institutions such as health plans to pressure others to an early death or even to cause that death. This is the "crime" of assisted suicide.

Connecticut *(Continued from page 1)*

the debate concerning the language of the debate and they have re-enforced the truth that important public policy decisions should be made by the legislature and not the courts.

Language: Several years ago, Compassion & Choices threatened the Oregon Department of Human Services (DHS) with litigation if they did not change the name of the assisted suicide act to the "Aid in Dying" or "Assisted Dying" act. After months of wrangling, the DHS changed the name to the Oregon Death with Dignity Act.

Further to that, Compassion &

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Senator proposes protection of Montana patients by prosecuting assisted suicide

Senator Greg Hinkle (representing District 7 in Montana) is proposing to reverse the Baxter Court decision that extended the defense of consent to cases of assisted suicide in his state.

The Baxter decision did not legalize assisted suicide, but rather stated that if prosecuted, physicians could use the defense of consent.

Hinkle is proposing to reverse the Baxter decision by assuring that patients are protected from assisted suicide.

Montana Patient Protection Act

by Senator Greg Hinkle

I have introduced the Montana Patient Protection Act which prohibits physician-homicide and physician-assisted suicide ("aid in dying"). The Act is in response to the Supreme Court decision Baxter v. State of Montana. This Act is based on Montana's public policy to prevent elder abuse and to value all citizens.

Baxter holds that a patient's consent to physician-assisted suicide "constitutes a statutory defense to a charge of homicide against the aiding physician." In Baxter the court overlooked elder abuse. The court stated the only person "who might conceivably be prosecuted for criminal behavior is the physician who prescribes a lethal dose of medication." The court overlooked criminal behavior by family members and others who may benefit from a patient's death, for example, due to an inheritance. Although an aiding perpetrator faces a charge of homicide, "aid in dying" is commonly referred to as "assisted suicide." The term "aid in dying" is also used to describe euthanasia.

There are two states that allow physician-assisted suicide, Washington and Oregon. The vast majority of states that have considered such laws have rejected them. In 2010, a bill to legalize physician-assisted suicide was defeated in the New Hampshire House of Representatives in a bipartisan vote of 242-113. A similar law was recently defeated in the Canadian Parliament by 228-59.

In Montana, there has been "rapid growth" of elder abuse. Nationwide, elder financial abuse is a crime "growing in intensity" with perpetrators often family members, but also strangers and new "best friends." Abuse of the elderly and other vulnerable adults is often subtle and difficult to detect. Victims are often unwilling to report due to embarrassment or a desire to protect family members.

Allowing a victim to consent to physician-assisted suicide creates another path of abuse. For example, a perpetrator could encourage an older person to request a lethal dose and then administer the dose without his consent. The older person's prior request, voluntary or not, would provide the alibi. With the difficulty of detecting and proving homicide, generally, and the difficulties in preventing and detecting abuse specifically, considering the unwillingness of victims to report, it is against public policy to allow a victim to consent to his own homicide.

The Baxter decision applies to "terminally ill" patients. Doctor prognoses of life expectancy can be wrong. I have a close relative, who at age 52 had a serious heart attack and was given a prognosis of no more than eight years to live. That was more than thirty years ago and many grandchildren and great grandchildren later, he is still enjoying life. Allowing physician-assisted suicide will thus result in some Montanans, with many good years left, cutting their lives short. This situation will be even more evident if the proponents' definition of "terminally ill adult patient" is adopted by the authorities. This definition is broad enough to include a young person dependent on insulin or a young man with stable HIV/AIDS, who could have "decades to live." Encouraging Montanans to shorten their lives is contrary to Montana public policy, which seeks to "improve and protect the health and well being, and self reliance" of all Montanans.

Allowing physician-assisted suicide will open the door to the "Barbara Wagner" scenario. Wagner was a resident of Oregon with lung cancer. The Oregon Health Plan refused to pay for a drug to possibly prolong her life and offered to pay for "aid in dying" instead. Unable to afford the drug, she was steered to suicide. Wagner stated, "I am not ready; I am not ready to die." Will young persons with diabetes or HIV/AIDS be the next Barbara Wagners? Montana already has one of the highest suicide rates in the nation. It is a state priority to reduce the suicide rate for persons "of all ages." Steering citizens to kill themselves is contrary to this policy.

Montana values all of its citizens, including those who are older or may have chronic conditions or other disabilities. Baxter overlooked elder abuse. It is against public policy to allow consent to homicide; to encourage Montanans to cut their lives short or steer them to suicide. Montanans should reject "aid in dying."

Readers interested in my source materials can view them in my "Report to the Senate for LC0041, The Montana Patient Protection Act."

My contact email is ghinklesd7@gmail.com

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Choices has been lobbying professional organizations to redefine assisted suicide to "aid in dying" and are suggesting that since "aid in dying" is different from assisted suicide, that acts that prohibit assisted suicide do not need to be replaced but rather "aid in dying" needs to be legalized.

We need to celebrate. The Connecticut court refused to buy into the lies of the language game.

Nonetheless everyone needs to ask: If there is nothing wrong with assisted suicide, then why does the euthanasia lobby need to mislead us?

Parliamentary Committee on Palliative and Compassionate Care holds first general meeting

A multi-party group of MPs were pleased to hold their first meeting on Parliament Hill with interested Members and staff. More than 30 MPs from have expressed interest in the Parliamentary Committee on Palliative and Compassionate Care (PCPCC).

The PCPCC discussed aims of the committees and solidified the founding documents, which will be available for public use and presenting groups in the near future. The PCPCC commences its hearings on June 15 and 16 on Parliament Hill, hearing from groups concerned with Palliative Care and Disability issues, two essential pillars of the Committee's consultations. Hearings and written submissions will be received until the Fall of 2010 and a report will be completed by December 2010.

The PCPCC is thrilled to have such important work underway with this first general meeting and looks forward to hearing from national and regional organizations.

Membership of the PCPCC is open to any legislator who shares the pressing concerns of a growing number of Canadians about the present levels of care available to an aging society and people with disabilities. The PCPCC will examine a series of distinct but symbolic challenges including:

- A critical nationwide shortage of expertise and material resources in the fields of palliative, hospice and home care;
- Suicide prevention, pain control and the implications of an ongoing mental health crisis;
- Elder abuse;
- Disability issues.

For further information, contact:
Office of Joe Comartin MP (NDP): (613) 947-3445
Office of Harold Albrecht MP (CPC): (613) 992-4633
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Office of Kelly Block MP (CPC): (613) 995-1551

If any group or individual wishes to make a submission to the PCPCC committee, contact Joe Comartin or Harold Albrecht's office to request information.

Seattle Push-Back Seminar - (from page 1)

Dr. Charles Bentz, from the Physicians for Compassionate Care told the story, from his experience, concerning a patient who died by assisted suicide in Oregon.

Dr. Bentz said that we need to build our base of support and identify physicians and others who are willing to work together to oppose assisted suicide. He referred his patient to an oncologist without knowing that the doctor would prescribe assisted suicide to his patient. His patient was experiencing significant depression and subsequently died by assisted suicide.

Marilyn Golden, from the Disability Rights Education and Defense Fund (DREDF) gave an excellent presentation on the concerns of the disability rights community in relation to the Oregon assisted suicide statute. Golden surgically removed the veneer of the Oregon statute pointed out how the safeguards are an illusion at best.

Matt Bowman explained how the Montana court decision didn't legalize assisted suicide, but rather created a narrow defense for a physician who is prosecuted. Bowman also made a few suggestions about how we should move to reverse the Montana (Baxter) decision.

Margaret Dore spoke about the recent successes in Canada and New Hampshire. She explained how the themes of "elder abuse" and "Choice is an Illusion" are effective and put Compassion & Choices into a defensive mode.

Brian Johnston, author of the book and video - Death as a Salesman, spoke about how we got to where we are at. He spoke about the earliest cases in the United States and explained how these cases were misinterpreted and used by the euthanasia lobby to promote their agenda.

Belgium - 30% of euthanasia deaths without consent

A study that was published in the Journal of the Canadian Medical Association proves that almost 32% of euthanasia deaths in Flanders, a region in Belgium, died without giving explicit consent.

A team of Belgium and Dutch end-of-life researchers circulated a questionnaire to physicians who had signed death certificates of people who had died in Flanders between June and November 2007.

The study found that of the 208 reported deaths that involved life-ending drugs, that 66 of those deaths occurred "without explicit request."

The study found that in 51 of the 66 deaths without explicit request, the decision was not discussed with the patient.

The euthanasia death rate in Belgium has risen dramatically in the past few years with 822 reported euthanasia deaths in 2009, which is up from 429 reported euthanasia deaths in 2006. A recent report showed that there is chronic underreporting of euthanasia deaths in Belgium whereby in Flanders - 80% of all euthanasia deaths were reported but in one region of Belgium only 25% of euthanasia deaths are being reported.