



Euthanasia Prevention Coalition

NEWSLETTER

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Vermont's Governor-elect is committed to legalizing assisted suicide

There were many positive outcomes in the recent US election. But in Vermont, the democrat Governor elect Peter Shumlin is committed to legalizing assisted suicide in the northeast state.

Shumlin, who proposed a bill to legalize "Oregon Style" assisted suicide in March 2007 that was defeated by a vote of 82 to 63, stated during the election:

"As Governor, I will strongly champion death with dignity legislation. I have been a sponsor of this legislation for multiple years and I have a track record of bringing people together to get tough things done. ... As Governor, I would make this a top priority and in my State of the State address would ask the legislature to ... pass it prior to adjournment in 2011."

Shumlin reportedly received more than \$20,000 in donations from the Death With Dignity National Center. The fund-raising information, from the Center contained the following:

"With Peter Shumlin as Governor, in favor of Death with Dignity – with legislative leaders in favor – with close to a majority of House and Senate in

favor, we have every expectation that we can gain the few additional votes we need to pass Death with Dignity legislation in 2011. The stars in Vermont are finally aligning.

"We're turning our attention to New England, as momentum is shifting east."

The Euthanasia Prevention Coalition and our supporters must also turn our attention toward Vermont while continuing to do battle in Montana and Washington States.

Our many Canadian supporters will wonder why we would be so active in Vermont. The fact is that legalization of assisted suicide in Vermont will create more pressure in other states, such as, Connecticut and Maine.

It is possible to defeat the upcoming assisted suicide bill in Vermont.

In Jan 2010, in New Hampshire, an "Oregon-style" assisted suicide bill was defeated by 242 to 113. In March 2007, a similar bill was defeated in Vermont by 82 to 63. In Canada, Bill C-384 was defeated by 228 to 59.

The new Vermont bill can be defeated, but we will require your support.

**Third International Symposium on Euthanasia and Assisted Suicide
Vancouver - June 3 - 4, 2011**

We can turn the tide

The euthanasia lobby is preparing an all-out attempt to legalize euthanasia or assisted suicide in Australia, Quebec, Scotland, Vermont, and other places.

This information is from a person who attended the conference of the World Federation of Right to Die Societies, held in Melbourne, Australia, in October.

Conference participants were given talking points, strategies for growth, and demonstrated their willingness to work together, nationally and internationally, to accomplish their common goals.

We need to do the same.

We are pleased to announce that many of the speakers have been confirmed, including, Nick Goiran, member of Parliament in Western Australia's, who worked to decisively defeat a bill (21 - 11) to legalize euthanasia. Nick Goiran is a hero. Come hear what he did.

Paul Russell, a dedicated leader, has also agreed to speak in Vancouver. He helped to found a group in Australia called HOPE.

Krista Flint, founder of Inclusive Humanity has also agreed to speak. Krista has made it her life goal to promote the equality and dignity of people with disabilities, through images and stories. The Third-International Symposium on Euthanasia and Assisted Suicide will be June 3-4, 2011 at the Vancouver Airport Marriott Hotel.

Together, we will turn the tide against euthanasia.

Quebec - Select Committee on Dying with Dignity

On November 17, Margaret Dore, from Seattle Washington and Alex Schadenberg met with the members of the Select Committee on Dying with Dignity - Quebec, in a private meeting.

Margaret challenged some of the assumptions that appear to have been accepted in the preliminary report.

Alex brought them the many scientific studies that prove that legalizing euthanasia threatens the lives of vulnerable people.

It is our hope to convince the committee members that it is better to care for people rather than kill them

Judge refuses to dismiss case against Melchert-Dinkel

It appears that sanity is prevailing. Judge Thomas Neuville has refused to dismiss the case against William Melchert-Dinkel, the Minnesota nurse who admitted to encouraging and counseling Nadia Kajouji (18) and Mark Drybrough (32), to commit suicide.

An Associated Press article (November 9, 2010) reports:

“The judge ruled that the case against a former nurse – who allegedly sought out depressed people in Internet chat rooms and encouraged them to kill themselves – won’t be dismissed on free speech grounds.

“William Melchert-Dinkel, 48, was charged with two counts of aiding suicide in the 2008 drowning of Nadia Kajouji, 18, of Brampton, Ontario, and in the 2005 hanging death of Mark Drybrough, 32, of Coventry, England.

“His lawyer had asked that the case be dismissed, saying Melchert-Dinkel’s conversations

involved protected speech.

“Rice County District Judge Thomas Neuville disagreed in a 21-page ruling, saying speech that aids the suicide of another is not protected by the U.S. Constitution’s First Amendment.

“The judge also said Minnesota law makes it a crime to participate in speech that intentionally advises, encourages, or aids another in taking his or her own life. And, the judge wrote, the courts have ruled that speech that constitutes aiding and abetting criminal conduct is not protected.

“‘Thus, speech that directly encourages and imminently incites the act of suicide ... falls outside the protection of the First Amendment,’ Neuville wrote.

“Rice County Attorney Paul Beaumaster argued that Melchert-Dinkel was obsessed with suicide and that he searched on the Internet for potential victims. When he found them, he posed as a female

nurse, feigned compassion and offered step-by-step instructions on how they could kill themselves. Melchert-Dinkel also entered phony suicide pacts, Beaumaster said.

“Beaumaster said in earlier court documents that Melchert-Dinkel admitted participating in online chats with at least 15 to 20 people about suicide and entering into fake suicide pacts with about 10 people, five of whom Melchert-Dinkel believed killed themselves.

“The prosecutor said that he is pleased with the judge’s ruling and is preparing for trial.

“Terry Watkins, Melchert-Dinkel’s lawyer, also had asked that the case be dismissed because of a lack of probable cause and because the state’s aiding suicide law is too vague. Neuville denied those requests as well.

“Watkins said nothing has changed, and he is anticipating his client will plead not guilty.”

Canada falling behind countries that already have strategies for suicide prevention

Bill C-593 A national strategy for suicide prevention

(Media Release - November 4, 2010 – Ottawa)

Megan Leslie, New Democrat Critic for Health, announced the introduction of “An Act respecting a National Strategy for Suicide Prevention.” This legislation will direct the Federal government to establish a national suicide prevention strategy, in consultation with the provincial, territorial, and First Nations governments.

“We need national coordination of best practices for service provision, training professionals, as well as education for the public,” said Leslie. “Australia has had a national strategy for more than ten years, and is continuing to improve upon their system. Countries like the US and UK also have strategies, and lower suicide rates than Canada.”

Every year, more than 3,500 Canadians die by suicide. It is the third highest cause of death among 25 to 49 year olds and the second highest cause of death in

the 10 to 24 age group. The suicide rate for aboriginal youth is four to six times that of non-natives.

“Northern and First Nations communities are suffering disproportionately and would greatly benefit from coordinated support and program development from around the country,” said Carol Hughes, NDP Deputy Aboriginal Affairs Critic (Health). “In the North, this could save entire communities from the long-term negative emotional and societal effects of losing loved ones, especially youth.”

“Suicide is not just a health issue it is a social and community issue, it is complex, it is a national tragedy and most importantly it is preventable,” said Tim Wall, Executive Director of the Canadian Association for Suicide Prevention. “We can save lives and keep more families from being torn apart if we work together, across parties and

across jurisdictions. We know what to do to prevent suicides. There is hope. Keeping that hope alive and saving lives however requires everyone’s involvement and support, and must include the Government of Canada.”

Bill C-593 was tabled in the House of Commons on Friday, November 5, 2010 by Megan Leslie, and seconded by Carol Hughes. Both Leslie and Hughes are calling for the government to examine the strategy laid out in the legislation, and urge the Health Minister to take immediate action to establish such a strategy.

The Euthanasia Prevention Coalition supports Bill C-593. Canada needs a national suicide prevention strategy.

Environics survey shows that public opinion is shifting against the legalization of euthanasia

For many years, the Euthanasia Prevention Coalition (EPC) has analyzed Canadian survey results related to euthanasia and assisted suicide. The first major survey that the Euthanasia Prevention Coalition commissioned was part of an Environics Group National Omnibus survey in April 2001.

The recent Environics survey shows that the EPC strategy not only convinced MPs to vote against legalizing euthanasia and assisted suicide in Canada, but has also helped to shift public opinion against the legalization of euthanasia in Canada. (Bill C-384, which would have legalized euthanasia and assisted suicide, was defeated by 228 to 59 on April 21, 2010). The survey on euthanasia was based on 2,025 Canadians being questioned during the week of September 15 - 22.

http://www.lifecanada.org/html/resources/polling/2010_Environics_Report-Euthanasia_Eng.pdf

The research indicates that Canadians are concerned that legalizing euthanasia would negatively affect vulnerable people and that support for legalizing euthanasia is dropping.

The poll found that:

- 59% supported legalizing euthana-

sia, with only 22% strongly supporting. Last year, 61% supported legalizing euthanasia with 25% strongly supporting. Support was highest in Quebec (69%) and lowest in Saskatchewan/ Manitoba (49%). Since last year, support dropped in Quebec by 6% and dropped in Montreal by 15%.

- 63% were concerned that elderly people would feel pressured to accept euthanasia to reduce health care costs. Last year, 56% shared the same concern. Concern that elderly would feel pressured was highest in Quebec (75%).

- 78% were concerned that a significant number of people who are sick, disabled or elderly would be euthanized without their consent. Last year, 70% shared the same concern. Once again, it is interesting that the highest concern is in Quebec (81%).

- 71% believe that the government needs to place a greater priority on improving end-of-life care rather than legalizing euthanasia. Last year, 69% held this view. In Quebec, 60% want the government to improve end-of-life care rather than legalize euthanasia.

- Sadly, 45% supported euthanizing terminally ill or severely disabled infants, such as occurs in the Netherlands under the Groningen Protocol. Only 15% of those surveyed strongly sup-

ported this type of eugenic euthanasia.

In conclusion:

Support for the legalization of euthanasia has fallen in all regions of Canada since last year.

Canadians are more concerned that people will feel pressured to accept euthanasia in order to reduce health care costs.

Canadians are more concerned, that if euthanasia were legal, a significant number of people would be euthanized without consent. This is a well-founded concern. A study that was published in the CMAJ (May, 2010) found that 32% of euthanasia deaths in the Flanders region of Belgium were done without explicit request or consent.

<http://www.cmaj.ca/cgi/reprint/182/9/895>

The most important finding is that there is a growing trend that Canadians, in all regions, want the government to improve end-of-life care, rather than legalize euthanasia. In Quebec, where the government is attempting to find a consensus to legalize euthanasia through the back-door, 60% of survey respondents preferred improving end-of-life care, rather than legalizing euthanasia.

Euthanasia promoter preys on fearful and abandoned

Based upon an article by Kevin Jones for CNA news, November 10, 2010.

A TV ad promoting assisted suicide is causing a stir in New Zealand, amid concerns that the doctor behind the ad is preying on the depressed and the mentally troubled.

Dr. Philip Nitschke, based in Australia, is an advocate for euthanasia. He has been on an international tour to promote his "suicide manual" and to explain how people may circumvent the law if they assist in a suicide.

Nitschke is like a "suicide predator" searching for people to encourage or counsel them to commit suicide.

The predator's concern is not about

the frame of mind of the person, but only with the fact that this person has expressed some interest in death.

Nitschke's advocacy has also drawn criticism in New Zealand, whose Commercial Approvals Bureau recently approved the screening of his advertisement promoting assisted suicide.

There are about 500 suicides reported each year in New Zealand. Suicides have a profound effect on families and whole communities.

Nitschke cites the principle of freedom of speech to protect himself from criticism and legal action, but freedom of speech has limits.

These actions are not only irresponsible, but they are dangerous to vulner-

able people.

Legalized assisted suicide is the ultimate form of elder abuse. It is highly probable that the elderly will ask for assisted suicide under pressure from relatives.

Legally required psychological assessments for those who request suicide in Oregon – where assisted suicide is legal – are not taking place.

People who are planning to kill themselves or be involved with killing another are often going through depression, mental breakdown or experiencing a life-changing challenge. They lack the necessary support, are not freely choosing to die, but rather dying out of a sense of fear, last resort or abandonment.

Leader of the Belgian euthanasia lobby is misleading the public

Professor Jan Bernheim, an oncologist from Belgium, is misleading audiences on the facts concerning Belgium's model of euthanasia.

Bernheim, who worked to legalize euthanasia in Belgium, recently stated to an audience in Queensland, Australia, that "there was no evidence of abuse or a slippery slope beyond voluntary euthanasia under the Belgian model."

A study published in the *Journal of the Canadian Medical Association* on May 17, 2010 found that 32% of all euthanasia deaths in the Flanders region of Belgium were without explicit request or consent.

The same researchers also investigated the role of nurses in the model for euthanasia in Belgium and they found that 45% of euthanasia deaths that were done by nurses were without explicit request or consent.

In response to criticism concerning the nurses' role in eu-

thanasia in Belgium, the lead authors of the article stated,

"Our questionnaire indeed asked whether there was discussion between the nurse and the relatives in those cases – which happened in 68.9% – but we did not include this in our article because involving the relatives, especially in case of patient incompetence, is ultimately the responsibility of the physician, as is the decision itself. The decision is not made between nurses and relatives, but by the physician with input from relatives as well as nurses."

These comments confirm that the practice of euthanasia in Belgium is not based on the choice of the person who will die, but rather the decision is made by the physician with input from relatives as well as nurses.

Choice is an illusion in the actual practice of euthanasia in Belgium. If there is nothing wrong with euthanasia, why do they have to lie about it?

UK nurse caught on camera switching off paralysed man's ventilator machine

An article in *The Telegraph* UK on October 25, 2010, links to a video of Violeta Aylward, a nurse, turning off Jamie Merrett's ventilator. Merrett is ventilator-dependent and the act was done against his wishes and caused brain damage.

The article stated,

Violeta Aylward, an agency nurse working for the NHS, was caught on camera turning off the ventilator keeping quadriplegic Jamie Merrett alive.

The 37-year-old, left paralysed from the neck down following a car accident in 2002, had a bedside camera set up at his home after becoming concerned about the standard of care he was receiving.

Footage recorded Miss Aylward fiddling with the ventilator before a high-pitched warning tone sounds, indicating it is switched off.

Mr. Merrett is then left fighting for life as the nurse panics about what to do next, unable to restart the ventilator or properly operate resuscitation equipment.

It took 21 minutes for paramedics who rushed to the scene to turn the life support machine back on.

By that time, Merrett had suffered serious brain damage.

Before the incident, he was able to talk, use a wheelchair and operate a computer using voice-activated technology.

His family claims that the brain damage has severely diminished his quality of life, and he is now mounting legal action.

Miss Aylward, who was caring for Mr. Merrett at his home, has been suspended while the incident is investigated by the Nursing and Midwifery Council.

Karren Reynolds, Mr. Merrett's sister, told the BBC's *Inside Out* program: "He has an existence but it's nowhere near what it was before. He is very brain damaged compared to what he was before.

"He was a highly intelligent man and you could have long in-depth conversations with him and now it tends to be more simplistic."

She added that her brother has become increasingly worried

about alleged errors involving nurses operating his ventilator in the weeks before the incident.

Mr. Merrett had written to the trust by email, warning of his concerns but that nothing was done, she claimed.

Mr. Merrett's solicitor, Seamus Edney, said: "In my experience, this is the worst case of negligence.

"No one has come forward to make any admission, so now almost two years after the event we are trying to get someone to admit liability for what has happened."

In a statement, NHS Wiltshire Primary Care Trust said:

"We have apologised to the patient and his family for this, and have put in place a series of actions to ensure that such an event will not occur again either for this patient or others.

"The incident is the subject of likely litigation so the PCT is restricted in what further it may say in public."

Miss Aylward, 55, from Reading, Berks, has not commented on the case.