Euthanasia Prevention Coalition

The Newsletter

Number 124 December 2011

***John Coppard** spoke on the steps of the BC Supreme Court*

Canada's Assisted-Suicide Law Has Served Him Well

I submit that the time passed a little over a year ago, when parliamentarians overwhelmingly rejected private member's bill C-384 seeking to legalize physician-assisted suicide and euthanasia by a vote of 228 to 59.

Representatives of all parties recognized the dire risks to public safety of giving physicians the legal right to take their patients' lives, and our health-care system, and even friends and relatives, the legal right to steer ill people toward suicide. Our democratic representatives correctly saw this as open to abuse, and bad public policy.

The ongoing *Carter vs Canada* in Vancouver is an attempt to do an end-run around Parliament.

As a person who is "grievously and irremediably ill" with Grade IV brain cancer, I would be affected should this case succeed. Two and a half years after being given a 20 per cent chance of surviving five years, I am doing very well on a medication approved by Health Canada only a year ago, within a week of my cancer coming back.

Had I been given the legal choice of assisted suicide when I first received my terrible prognosis, or when my cancer returned, when I felt hopeless, I don't know what I would have done. Now I'm doing very well, thanks to medical advancements that are coming faster than at any time in our history. Our assisted suicide law protected me and gave me a chance for a long and happy life, as they were intended to do.

(John Coppard, *Victoria Times Colonist*, November 18, 2011)

Parliamentary Committee on Palliative and Compassionate Care offers hope

A great gift was given to Canada this month. The Report of the Parliamentary Committee on Palliative and Compassionate Care (PCPCC), titled *Not to be Forgotten: Care of Vulnerable Canadians*, focuses on improving palliative care for all Canadians, suicide prevention strategies and protecting people from elder abuse.

The PCPCC is an all-party committee that grew out of a common goal of identifying concrete ways to improve the care and protection for all Canadians when they are experiencing difficult circumstances.

The Euthanasia Prevention Coalition endorses the recommendations of the Committee. Our legal counsel, Hugh Scher, stated: "Implementation of the recommendations of this Parliamentary report should eliminate any further call for legalized assisted suicide or euthanasia in Canada by vastly improving care for every Canadian, especially those who are vulnerable."

Committee member Joe Comartin MP notes that only 16 - 30% of Canadians have access to palliative care. Palliative care services are a patch-work quilt with varying levels of care within every region.

Joe Comartin emphasized the need for a new palliative care secretariat, the im-

*See **Committee** on page 4....*

Quebec Rejects Assisted Suicide

Quebecers have overwhelmingly told the provincial government to respect existing laws banning euthanasia and focus instead on providing high quality palliative care, a study of submissions to the Special Commission on Dying with Dignity shows.

"The numbers are black and white. In the presentations to the Commission there was 99% agreement that palliative care is the dignified choice Quebecers want available at the end of life.

At the same time, sixty percent of the submissions opposed any opening for euthanasia. The government's democratic

*See **Quebec** on page 4....*

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The Carter Case & Assisted Suicide: Talking Points for the Public and the Media

1. **Is it true that Canada has rejected assisted suicide and euthanasia?**

   Yes. last year, Parliament defeated Bill C-384, which would have legalized assisted suicide and euthanasia in Canada. The vote was 228 to 59.

2. **What is the Carter Case?**

   Carter vs. Attorney General of Canada is a constitutional challenge to Canada's laws prohibiting assisted suicide and euthanasia. Carter also seeks to legalize these practices as a medical treatment.

3. **What is assisted suicide?**

   "Assisted suicide" means providing a person with the knowledge or means to commit suicide. When the assistance is provided in whole or in part by a doctor, the practice is "physician-assisted suicide."

4. **How does Carter define physician-assisted suicide?**

   Carter's Amended Notice of Civil Claim states: "*physician-assisted suicide* means an assisted suicide where assistance to obtain or administer medication or other treatment that intentionally brings about the patient's own death is provided by a medical practitioner . . . or by a person acting under the general supervision of a medical practitioner . . ."

5. **Would a family member be allowed to participate in a patient's suicide under this definition?**

   Yes. In the context of medical treatment, a person acting "under the general supervision of a medical practitioner" includes a family member. This would typically be in a home setting. An example would be an adult child who administers medication to his parent under the general supervision of a doctor.

6. **Would a relative be allowed to participate in a patient's suicide without direct supervision?**

   Yes. Carter's Amended Notice of Civil Claim requires "general supervision" of a person who is not a medical practitioner: No witnesses or other direct oversight is required when the lethal dose is administered. The medical practitioner is not required to be present when the lethal dose is administered or at the time of death.

7. **Would legalization of assisted suicide under Carter's Amended Notice of Civil Claim apply to people who are not dying?**

   Yes. Carter's Amended Notice of Civil Claim seeks to legalize assisted suicide for people who are "grievously and irremediably ill." The Amended Notice of Civil Claim does not define this term, but gives these examples: "cancer, chronic renal failure and/or cardiac failure, and degenerative neurological diseases such as Huntington's disease and multiple sclerosis." People with these conditions can experience good quality lives for years and even decades. Doctors can also be wrong about disease prognosis. Some people, for example with cancer, recover with treatment.

8. **Is it true that most states in the United States have rejected assisted suicide?**

   Yes. Physician-assisted suicide is legal in only two states: Oregon and Washington. In a third state, Montana, one court decision gives doctors who assist a patient's suicide a *potential* defense to a homicide charge.

   In the United States, no law to allow assisted suicide has made it through the scrutiny of a legislature despite more than 100 attempts. This year, assisted suicide laws were defeated in the states of Montana, New Hampshire and Hawaii. This year, the state of Idaho enacted a statute to strengthen its law against assisted suicide. The vote was nearly unanimous.

9. **If Carter were to limit assisted suicide to "terminal" patients, would the practice be limited to people who are dying anyway?**

No. "Terminal" patients are not necessarily dying. Consider, for example, Oregon resident Jeanette Hall, who was told that she had six months to a year to live and who wanted to die via assisted suicide. It is now over 11 years later. She states: "I wanted to do what our [assisted suicide] law allowed, and I wanted my doctor to help me. Instead, he encouraged me not to give up, and ultimately I decided to fight my disease. . . . If my doctor had believed in assisted suicide, I would be dead."

10. **What is elder abuse?** Elder abuse includes physical, psychological and financial abuse.

11. **What is the most common type of elder abuse?**

Financial abuse is the most commonly reported type. Elder abuse is, however, largely unreported and can be very difficult to detect. This is due in part to the reluctance of victims to report. The Government of Canada website states: "Older adults may feel ashamed or embarrassed to tell anyone that they are being abused by someone they trust."

12. **How would legalizing assisted suicide in Canada cause elder abuse?**

If assisted suicide were to be legalized under Carter's Amended Notice of Civil Claim, new paths of elder abuse would be created. A more obvious path is due to Carter's lack of oversight at the time of administration (no requirement for witnesses or other direct supervision). This creates an opportunity for the family member to administer the lethal dose to the patient without his consent. Even if he struggled, who could know?

Consider the comment of Will Johnston, a Vancouver physician who sees elder abuse in his practice:

"Under current law, abusers take their victims to the bank and to the lawyer for a new will. With legal assisted suicide, the next stop would be the doctor's office for a lethal prescription. How exactly are we going to detect the victimization when we can't do it now?"

13. **Does Canada have a policy to prevent elder abuse?**

Yes. Preventing elder abuse is official Government of Canada policy.

14. **How would legal assisted suicide empower the Canadian healthcare system to the detriment of individual rights?**

Consider this example from Oregon where legalization of assisted suicide has allowed the Oregon Health Plan to steer patients to suicide.

The most well known cases involve Barbara Wagner and Randy Stroup. Each wanted treatment. The Plan offered them assisted suicide instead. Neither saw this scenario as a celebration of their individual rights. Wagner said: "I'm not ready to die." Stroup said: "This is my life they're playing with."

Wagner and Stroup were steered to suicide. Moreover, it was the Oregon Health Plan, a government entity, doing the steering. If assisted suicide were to be legalized in Canada, the Canadian health care system would be similarly empowered to steer patients to suicide.

With legal assisted suicide, the healthcare system, doctors and the government would be empowered, not individual patients.

15. **How does the Carter case propose to protect doctors and family members at the expense of individual patient rights?**

The Carter Amended Notice of Civil Claim argues that doctors and other persons assisting a suicide should have a constitutional right to do so. It states:

"The right to liberty of persons who assist or support a grievously and irremediably ill person to obtain physician-assisted dying services [physician-assisted suicide and euthanasia] must necessarily be protected in order to give meaning to the s. 7 life, liberty and security of the person rights of grievously and irremediably ill persons."

With doctors and other assisting persons protected with a constitutional right, a patient subjected to their actions would likely be left with little or no recourse.

This article is available with full citations of all sources at : ***www.alexschadenberg.blogspot.com***

... Committee from page 1

portance of building local palliative care services, the need to improve chronic pain management, and the need for greater flexibility in compassionate care benefits.

Harold Albrecht explained how suicide is almost always preventable, but that Canada does not have a national suicide prevention strategy. Harold Albrecht emphasized that a coordinating body would be required to implement a National Suicide Prevention Strategy. **Rene Ouimet** from the Canadian Association for Suicide Prevention (CASP) added that progress is being made towards implementing a suicide prevention blueprint. She stated that CASP supports the report.

Frank Valeriote pointed out the fact that 4 - 10% of elders experience abuse and some recent studies are suggesting that the rate of elder abuse may be as high as 20%. Most elder abuse is carried out by care-givers, family members and friends. Mr. Valeriote emphasized the need for an elder abuse awareness and prevention office that would focus on prevention and intervention. **Jean Guy St. Gelais** from the Canadian Network for the Prevention of Elder Abuse supported the need for an elder abuse prevention strategy and thanked the committee for the report.

Dan Demers from the Canadian Cancer Society stated that they supported the recommendations within the report. He spoke about how some patients are still suffering needlessly. He emphasized that people, at the end of life, are vulnerable and must not be abandoned. He decried the fact that less than 30% of Canadians have access to excellent palliative care.

Dr. John Haggie, president of the Canadian Medical Association stated that palliative care urgently required attention. He supports the Report's emphasis on patient centred care, and suggested that fixing palliative care could transform health care in Canada.

In response to media questions, Joe Comartin emphasized how some of the recommendations would lead to significant cost savings. He stated that too many people were dying in acute care hospital settings. If there were palliative care placements available, the cost would be significantly less. He also stated that excellent pain management will provide significant savings for the economy. Frank Valeriote then emphasized the need to share information especially to serve the needs of minority communities.

Dr Haggie stated that euthanasia is a complex issue but access to good palliative care would change the euthanasia debate: "requests for euthanasia usually reflect a failure to access adequate palliative care."

Harold Albrecht noted that CASP has developed a blueprint strategy that has been implemented in other countries, lowering of suicide rates there. He then mentioned his private suicide prevention members bill that is before parliament.

We would like to thank the 55 MP's who supported the Palliative and Compassionate Care committee. Thanks to Michele Simson, the Liberal co-chair of the committee. We would like to thank George for writing the report.

... Quebec from page 1

direction should be clear," said Linda Couture, director of the nonpartisan, grass roots group, Living With Dignity.

An exhaustive Living with Dignity independent analysis of the 427 oral presentations and written submissions to the Commission, shows a mere two per cent of the submissions support assisted suicide.

Four per cent of those who made submissions did not have a clear position.

Only about a third of those who submitted to the commission were either somewhat or strongly in favor of euthanasia, Couture said: "This is a far cry from the inflated survey numbers often used in the media by advocates for legalizing or decriminalizing euthanasia in Quebec."

Euthanasia deaths in the Netherlands increased by 19% in 2010.

Reports from the Netherlands detail a push by the euthanasia lobby to create mobile euthanasia teams to bring death to people with disabilities and the frail elderly. The same reports indicate that there were 3136 reported euthanasia cases which represents an increase of 19% since 2009. It is important to note that the reported cases of euthanasia rose 13% in 2009, from 2008, a very steep increase over two years. The Dutch are very careful with reporting their euthanasia statistics. In addition to the 3136 reported euthanasia deaths, there were approximately 100 assisted suicide deaths, approximately 500 deaths without request or consent and approximately 10% of all deaths involved dehydrating the person before they died.

We also know from the most recent Dutch euthanasia reports that approximately 20% of all euthanasia deaths are not reported. It is important to note that the Dutch Medical Association recently approved euthanasia for people with dementia and alzheimer's and even for lonliness. So much for euthanasia requiring consent and capacity.

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