



# Euthanasia Prevention Coalition

## NEWSLETTER

Number 103

December 2009

### Euthanasia Prevention Coalition hosts press conference and protest on parliament hill

On Tuesday, December 1, the Euthanasia Prevention Coalition hosted a press conference and a protest on parliament hill. The press conference featured Alex Schadenberg, (EPC) and Steven Passmore, a disability rights advocate.

#### Press Conference

Alex Schadenberg clarified how euthanasia and assisted suicide are defined in Canadian law; he challenged the support of euthanasia by the Quebec College of Physicians; he explained how Bill C-384 would legalize euthanasia

and assisted suicide and why C-384 should be defeated.

Schadenberg explained that C-384 gives physicians the right to directly and intentionally cause the death of their patients. He stated that the reasons that the Quebec College of Physicians have



Alex Schadenberg and Steven Passmore

used for the legalization of euthanasia are in fact not euthanasia cases. The proper use of morphine or sedation does not constitute euthanasia, whereas the abuse of morphine or sedation can be euthanasia.

He explained how C-384 was crafted to appear to have safeguards, but this is an illusion.

- C-384 defines competency as “appearing to be lucid.”

- C-384 allows physicians to directly and intentionally cause the death of patients who are experiencing chronic physical or mental pain.

- C-384 does not define terminal illness, meaning someone with long-term conditions qualify for death,

- C-384 does not have a residency requirement, meaning foreign suicide tourists could come to Canada to die.

- C-384 does not require a witness at the time of death.

Passmore stated that people with disabilities are concerned about living with dignity, not dying with dignity. He explained that dignity will only be protected for people with disabilities when they have equality, value and acceptance within society.

• Continued next page

#### Bill C-384 - still coming up for a vote

Bill C-384 was introduced by Bloc MP Francine Lalonde on May 13, 2009, to legalize euthanasia and assisted suicide in Canada. This was her third attempt to legalize euthanasia and assisted suicide with her previous two attempts dying on the order paper, without going to a vote, after elections were called.

On October 2, C-384 received its first hour of debate. C-384 was tentatively scheduled to receive its second hour of debate on Nov 16. Instead, Lalonde traded-back the date of the second hour of debate three times, first Nov 19, then Dec 1, and finally a third time to Tuesday, Feb 2, 2010 with the second reading vote being on February 3, 2010.

Rod Bruinooge, the Conservative MP from Winnipeg, sent a news release on December 2nd that stated: “I was looking forward to seeing this bill defeated, Canada needs a legal position regarding euthanasia that protects the most vulnerable and respects the value of human life.”

Bruinooge then asked. “Will Lalonde delay the bill again, or will she finally let democracy play out and allow MPs to vote on her bill?”

Is Lalonde intentionally avoiding a vote on her bill to deny parliament the opportunity to defeat her bill?

Our calculations indicate that C-384 will be defeated by a significant margin. We are not resting. We need to continue putting pressure on MPs in order to ensure that we strongly defeat C-384.

#### Turning the tide on the debate

Now that Lalonde has delayed the defeat of C-384, we have decided to turn in a new positive direction. The Euthanasia Prevention Coalition and its partners are now working to establish an all-party parliamentary caucus to identify how to improve palliative care and services to people with disabilities across Canada. The goal is to move the debate that C-384 has opened toward improving the care that is available for every Canadian.

## The significance of the case of the Rom Houben who was misdiagnosed for 23 years as PVS

By Alex Schadenberg

Many of our supporters have read the information about Rom Houben, the Belgian man who, for 23 years, was misdiagnosed as being in a Persistent Vegetative State (PVS), but actually had a condition known as Locked-in Syndrome. A person with this condition is fully aware of their surroundings and they hear and remember conversations that take place around them, but due to their cognitive disability they are unable to respond.

The Rom Houben story is significant given that many bioethicists are attempting to redefine the status of people in PVS as similar to “brain dead,” meaning that it is being argued that these people have lost self-awareness and therefore can be treated as non-persons or dead people. Many bioethicists argue that people who they consider to be non-persons do not have the right to live and in fact it is being suggested that these people should be treated as organ donors.

Dr Steven Laureys, the prominent neurologist from Belgium diagnosed Houben as having Locked-in Syndrome rather than PVS based on brain scans that indicated that his brain was functioning at a near to normal response.

Dr Laureys has released a new study concerning PVS that states, “Anyone who bears the stamp of “unconscious” just one time hardly ever gets rid of it again.” He also stated that “there may be many similar cases of false comas around the world” and “patients classed in a vegetative state are often misdiagnosed.”

The concern about misdiagnosing PVS is not new. Professor Keith Andrews in the UK stated several years ago in his study that 43% of people diagnosed as PVS are misdiagnosed. This is a significant concern in the UK since the 1993 court



Rom Houben

decision that determined that Tony Bland could be dehydrated to death, even though he was not otherwise dying. Since that decision, many people in the UK, who were diagnosed as PVS have been dehydrated to death in a similar manner as Terri Schiavo.

Terri Schiavo was dehydrated to death in Florida (March 2005) based on her diagnosis of PVS and her husband’s insistence that she did not want to live in this manner.

In March 2004, I had the opportunity to attend a presentation by Dr. Laureys concerning people diagnosed as PVS. At the presentation Dr. Laureys showed us brain scans of people in PVS and compared them to people who were healthy. By analyzing the brain scans, he

was able to show us the injured parts of the brain of the PVS person. He then compared the brain scans of people in PVS to healthy people who were sleeping. There was incredible similarities between the scans of the healthy people who were sleeping and the people diagnosed as PVS. He concluded that other than the identifiable injured areas of the brain, medical experts know less about PVS than they would like to admit.

At the same conference, I attended a presentation by an Italian physician who operated an “Awakening Centre.” Awakening centres are places that focus on recovery for people who are in coma. The physician explained how the use of stimulation techniques have resulted in incredible successes for regaining consciousness for their patients.

At a meeting in 2007 I attended a presentation by a Polish physician who operated an “Awakening Centre” in Poland. He also described the incredible success stories of people in coma who were awakened. How many “Awakening Centres” exist in North America?

I have received phone calls from family members or friends of people who are in coma. My experience is that medical professionals are too quick to give up on people who are in coma or cognitively disabled. Family members are often pressured into prematurely withdrawing medical treatment or pressured into removing fluids and food from the person in coma, even before they were given a reasonable opportunity for recovery.

If society rejects Hippocratic medicine and accepts euthanasia, the time may come where people diagnosed as PVS would be treated as non-persons and euthanized out of a false compassion or used as an organ donor based on utilitarian ethics. Since studies show that approximately 40% of PVS cases are misdiagnosed, and since the PVS diagnosis is sometimes treated as a death sentence, therefore society needs to reject the current paradigm by once again treating people in PVS as human beings deserving of care.

We must reject the dehumanizing of the PVS person and we need to establish “Awakening Centres” that offer new opportunities for recovery.

---

### Press conference and protest

(Continued from page 1)

Steven Passmore also stated that people with disabilities face negative attitudes in society. He asked the question: Will society be willing to care for people with disabilities or will they decide that it simply costs too much?

#### **The Protest**

Passmore, who was born with cerebral palsy, later protested Bill C-384 near the steps of parliament hill in the same way that he protested on October 2 during the first hour of debate on C-384. Several supporters from Quebec joined the protest making it a bilingual protest.

Passmore was then on the CBC program - Power and Politics where Evan Soloman interviewed him with Stephen Fletcher and Dr. Jose Pereira

---

**Blick v. Connecticut:****Wordplay; less choice in health care; and a recipe for elder abuse****By Alex Schadenberg***Euthanasia Prevention Coalition  
International***Margaret K. Dore***Lawyer B Seattle Washington*

**O**n October 7, 2009, Compassion & Choices announced its lawsuit, *Blick v. Connecticut*, which seeks to legalize physician-assisted suicide for “terminally-ill” people in Connecticut. The plaintiffs are two physicians. They are represented by Compassion & Choices’s legal director, Kathryn Tucker.

This lawsuit is not necessarily limited to people who are dying. Moreover, legalization will allow patients to be steered to suicide by health care insurers; it will provide perpetrators with a new avenue of abuse against the elderly.

***Calling a fish a dog***

Compassion & Choices’ claim is that the state’s law that prohibits assisted suicide, does not reach the conduct of a physician who provides “aid in dying” because aid in dying is not “suicide” within its terms.

But “aid in dying” is merely another name for assisted suicide.

---

**“Push-Back” Meeting  
a success**

The Euthanasia Prevention Coalition and Margaret Dore organized a successful push-back meeting in Seattle for organizers in Oregon and Washington State.

The euthanasia lobby is attempting to legalize assisted suicide everywhere. We are convinced that by overturning or challenging the assisted suicide laws where it is legal, that we will be eroding the support for assisted suicide in other states, including Canada.

We examined social, legal and legislative initiatives and we were able to make clear plans on future directions.

The success of our work in Oregon and Washington States may in fact be the most important work anywhere.

The claim that the statute does not apply to aid in dying (physician-assisted suicide) is like saying that by calling a fish a dog, there can be no violation of a law against fishing out of season.

On November 19, 2009, the State of Connecticut moved to dismiss Compassion & Choice’s complaint. The supporting memorandum states:

“This is an action ... by two Connecticut physicians who ask this Court to allow them to engage in physician-assisted suicide, *despite a criminal statute clearly banning such conduct.*” (Emphasis added) [<http://www.euthanasiaprevention.on.ca/ConnMemo01.pdf>]

***“Terminally-ill” does not mean  
“dying”***

Compassion & Choice’s use of the phrases, “aid in dying” and “terminally-ill,” implies that any legalized assisted suicide would only apply to dying people. This would not necessarily be the case. In Montana, where Compassion & Choices is involved in another “aid in dying” lawsuit, the phrase, “terminally ill adult patient,” is defined as follows:

A person 18 years of age or older who has an incurable or irreversible condition that, *without the administration of life-sustaining treatment*, will, in the opinion of his or her attending physician, result in death *within a relatively short time.* (Emphasis added).

This definition is broad enough to include an 18-year-old who is dependent on insulin or kidney dialysis, or a young adult with stable HIV/AIDS. (See Letter from Richard Wonderly, MD and Theresa Schrempf, Esq., October 22, 2009) [[link to letter: http://www.euthanasiaprevention.on.ca/ConnMemo02.pdf](http://www.euthanasiaprevention.on.ca/ConnMemo02.pdf)].

People with such conditions could live for decades with appropriate medical treatment. (Id.) Yet, they are “terminally ill” according to the above definition. (Id.)

***Less Choice for Health Care***

When someone is labeled “terminal,” an easy justification can be made that his treatment or coverage should be denied in favor of someone else. (Id.) In

Oregon, where assisted suicide is legal, “terminal patients” have not only been denied coverage, they have been offered assisted suicide instead.

Consider, for example, Barbara Wagner, who died last year. The Oregon Health Plan (Medicaid) refused to pay for a cancer drug to possibly prolong her life and offered to pay for assisted suicide instead. This position saves the plan money.

In places where “aid in dying” is legal, persons labeled “terminal” can be steered to suicide.

***Elder Abuse***

A recent report by MetLife Mature Market Institute describes elder abuse as a crime “growing in intensity.” [<http://www.metlife.com/assets/cao/mmi/publications/studies/mmi-study-broken-trust-elders-family-finances.pdf>, p.16]. The perpetrators are often family members, some of whom feel themselves “entitled” to the elder’s assets. (Id., pp. 13-14). The report states that they start out with small crimes, such as stealing jewelry and blank checks, before moving on to larger items or coercing elders to sign over the deeds to their homes, change their wills, or liquidate their assets. (Id., p. 14). The report also states that victims “may even be murdered” by perpetrators. (Id., p. 24).

Compassion & Choices’ complaint in *Blick* has no provision for patient safeguards against coercion, fraud and/or undue influence. [<http://www.euthanasiaprevention.on.ca/ConnMemo03.pdf>]

If their legal challenge were to be successful, perpetrators would have a new weapon, the ability to coerce an elder to request a lethal overdose. Legal assisted suicide is a “recipe for elder abuse.”

***Conclusion***

Compassion & Choices’s lawsuit is frivolous, but must be taken seriously given the potential consequences: patients unwillingly steered to suicide; and increased opportunities for abuse.

A bad decision will lead to considerable consequences.

## **Euthanasia is about killing, not the “right to die with dignity”**

**By Brian Lilley**

*Canada Politics Examiner,  
December 1, 2009 -  
used with permission.*

**D**ecember 1st and 2nd were supposed to be the days that members of Parliament held their second hour of debate and voted on private member's bill C-384 to legalize euthanasia.

Instead, Bloc Quebecois MP Francine Lalonde has opted to delay debate until February.

There has been little debate about her bill or the euthanasia issue in general and what there has been has been either ill-informed or misleading. People seem to confuse “pulling the plug” – what doctors at times call passive euthanasia – with what Lalonde is proposing, a very active euthanasia.

When the bill was given its first hour of debate, my press gallery colleague Don Martin put his views forward in a *National Post* column. He relates how he has informed his family members that “If incapacitated or enduring intense suffering caused by a hopelessly terminal

condition, my will orders the plug pulled quickly.” From there, Martin goes about setting up his support for Bill C-384, finishing off with yet another story about pulling the plug on a family member.

Here's the thing though, we don't need Bill C-384 to pull the plug on ourselves or a loved one; we already have that ability. Any lucid and competent individual can refuse medical treatment, any incapacitated individual who has left an advanced care directive or “living will” can spell out exactly when it is time to disconnect the respirator and allow nature to take its course. Even the Catholic Church, one of those “influential religious groups” that Martin says are “screaming loud enough” to scare MPs away from this issue, allows its members to reject medical treatment and die with dignity.

Lalonde's bill proposes to allow active euthanasia which requires a planned and purposeful act such as a doctor giving a patient a lethal injection. In the United States lethal injection has been challenged in court as a cruel and unusual punishment for death row inmates. Here in Canada, we have banned the

death penalty as inhumane, too fraught with mistakes. Now Parliament is considering allowing the sick to be given what we find unacceptable for criminals.

That comparison will be dismissed as going too far by some but I'll stand by it, if we as a country believe that the state should not take the life of its citizens even for heinous crimes such as murder or rape, why should the state be allowed to participate and sanction the taking of a life when a hospital patient has cancer or is paralyzed.

The response from proponents follows the logic that Matt Gurney uses, “my life, my choice.” Gurney, like Martin bases his support for euthanasia on the view that people should not be forced to stay connected to life support machines when all hope is lost, when death is the natural and more merciful option. I agree with Gurney's view that we should have the option to say no to care, but that option already exists. Those who say euthanasia should be allowed because they alone should get to control when they die seem to forget that it is not their actions that will kill them but those of another human being, a doctor. It is partly for this reason that the Canadian Medical Association rejects Lalonde's bill.

Gurney is right to question the tremendous lengths and expense the medical world will go to just to prolong life for a short period, it is not always the best option. That does not mean however that the solution to some doctors taking extraordinary steps to put off the inevitable is passing a law that will allow doctors to kill their patients without sanction.

Canada does need a full and frank discussion on dying with dignity but I fail to see what is dignified about dying by lethal injection at the hands of a doctor sworn to promote and sustain life, not take it.

*Brian Lilley is Ottawa Bureau Chief for radio stations Newstalk 1010 in Toronto and CJAD 800 in Montreal.*

---

### **Wilberforce Weekend - An incredible success**

On November 13 - 14, 2009, the Euthanasia Prevention Coalition and the Manning Centre co-hosted the Wilberforce Weekend at the University of Ottawa. We met our goal by having 100 participants with representation from several provinces (including 12 from Quebec) and the United States. There were some difficulties with people not remaining focused on the issues of euthanasia and assisted suicide, but those problems were ironed out by the end.

The input from the participants was thought-provoking. The participants contributed to the discussion providing new insights during the break-out groups and open sessions.

The success of the Wilberforce Weekend has led to the establishment of a

committee that will work to create more synergy with a mechanism for a stronger, more unified effort among groups that are willing to work in coalition.

The participants from Quebec have agreed to meet again with the hope of creating a unified response among those who are concerned about these issues in Quebec.

The goals of the Wilberforce Weekend were met. Our hopes for a stronger and wider response to the issues of euthanasia and assisted suicide will be realized.

We are grateful to the work of Wes McLeod who led the committee to organize the Weekend and Preston Manning who offered his leadership and expertise.

**Euthanasia Prevention Coalition • P.O. Box 25033 London ON N6C 6A8**

Tel 1-877-439-3348 / 519-439-3348 • Fax 519-439-7053 • info@epcc.ca • www.epcc.ca