

EPC National Conference in London Ontario November 10, 2012

The EPC National Conference will be held at the Ramada Hotel in London, Ontario, under the theme: "Protecting People from Euthanasia & Assisted Suicide."

The conference will focus on the current state-of-affairs in Canada and provide direction for people who are opposed to euthanasia and assisted suicide in Canada.

The dinner is oriented to honouring EPC founding President, Dr Barrie deVeber. Dr deVeber has provided incredible direction over the past 14 years.

NETHERLANDS EUTHANASIA RATES RISE UNCONTROLLED

The number of reported euthanasia deaths in the Netherlands increased 18% last year, from 3135 in 2010 to 3695 in 2011. There were 13 reported psychiatric patients who died by euthanasia, up from 2 reported psychiatric euthanasia deaths in 2010.



Euthanasia for psychiatric patients in the Netherlands will likely increase substantially over the next few years in response to a Dutch article published last year in the *Journal of Psychiatry* advocating for the expansion of euthanasia for psychiatric patients.

As bad as these statistics may seem they only tell part of the story.

On July 11, 2012, *The Lancet* published the long awaited meta-analysis study of euthanasia and end-of-life practices in the Netherlands in 2010, compared to previous studies for 2005, 2001, 1995 and 1990. Details of our concerns appear in Insight on page 2.

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FIRST EUROPEAN SYMPOSIUM A HUGE SUCCESS

The First European Symposium on Euthanasia and Assisted Suicide was held in Edinburgh, Scotland, September 7-8. Co-sponsored by the *Care Not Killing Alliance* and the *Euthanasia Prevention Coalition*, the symposium attracted over 100 participants to become aware and activate on the issues of euthanasia and assisted suicide.

Plans were laid to form EPC - Europe, an outcome that would make the conference an outstanding success.

The Symposium featured speakers who updated the participants about the current state of affairs in their nations as well as speakers who covered

specific issues such as: abuses that are occurring in the practice of euthanasia and assisted suicide in Belgium, the Netherlands and Switzerland; how palliative care and euthanasia are opposites; the disability perspective; and



strategies for opposing euthanasia and assisted suicide.

Several speakers and participants met after the symposium to organize Euthanasia Prevention Coalition (EPC)-Europe.

The EPC-Europe committee is being led by disability rights leader Dr. Kevin Fitzpatrick (Wales/France, left), Henk Reitsma (Netherlands) and Dr Peter Saunders (UK).

Plans are underway for organizing the 4th International Symposium on Euthanasia and Assisted Suicide in Europe in 2013.

Reserve Saturday, November 10 for EPC National Conference. More Details Page 4.

NETHERLANDS: EUTHANASIA OUT OF CONTROL

Alex Schadenberg

- The Lancet study indicated that in 2010, 23% of all euthanasia deaths were not reported. There were 3136 euthanasia deaths reported to review committees in 2010. Additional unreported euthanasia deaths were found to raise that total to 3859 euthanasia deaths and 192 assisted suicide deaths in 2010.
- A recent report of the Dutch euthanasia review committees states 3695 reported euthanasia deaths in 2011.
- Since 23% of all euthanasia deaths are not reported in the Netherlands, we can estimate that in 2011, the number of actual euthanasia deaths in the Netherlands was more likely (3695 + 23%) 4544.
- Assisted suicide deaths are a separate category, not included within the official euthanasia statistics in the Netherlands. There were 192 assisted suicide deaths in the Netherlands in 2010. Since the number of euthanasia deaths increased by 18% in 2011, we estimate it is likely that there were (192 + 18%) 226 assisted suicide deaths in 2011.
- We conclude that the number of assisted deaths in the Netherlands in 2011 was likely (4544 + 226) 4770.
- It is important to recognize that the number of reported euthanasia deaths in the Netherlands has increased by 18% in 2011, 19% in 2010 and 13% in 2009.
- The rate of deep-continuous sedation has also risen astronomically in the Netherlands.
- The 2001 euthanasia report indicates that about 5.6% of all deaths in the Netherlands were related to deep-continuous sedation. The 2005 euthanasia report indicates that about 8.2% of all deaths in the Netherlands were related to deep-continuous sedation. The 2010 euthanasia report indicates that about 12.3% of all euthanasia deaths are related to deep-continuous sedation.
- The rate of deep-continuous sedation has more than doubled in the Netherlands since 2001.
- There is a growing concern about the abuse of the terminal sedation guidelines in the Netherlands. How often are deaths by deep-continuous sedation actually euthanasia?
- Given the growth in the use of terminal sedation for people who are not otherwise dying (slow euthanasia) and the number of unreported euthanasia deaths, one must conclude that there are abuses occurring in the Netherlands.
- On March 1, 2011, the euthanasia lobby in the Netherlands launched six mobile euthanasia teams. The NVVE, euthanasia lobby in the Netherlands, announced that they anticipate that the mobile euthanasia teams would carry-out 1000 euthanasia deaths per year. We anticipate that this will add to the total.
- In 2010, 55% of all euthanasia requests were not granted. The mobile euthanasia teams plan to fill unmet demand for euthanasia for people with chronic depression (mental pain), people with disabilities, people with dementia/Alzheimer, loneliness and those whose request for euthanasia is declined by their physician.

Legalizing euthanasia and assisted suicide is not safe and the safeguards that are devised to control euthanasia will only protect the doctor and not those who die by euthanasia.

I wonder why there are no prosecutions for deaths without request or consent or the unreported euthanasia deaths in the Netherlands?

NEWS FROM AROUND THE GLOBE

MASSACHUSETTS MEDICAL SOCIETY OPPOSES ASSISTED SUICIDE

On November 6, Massachusetts voters will have the opportunity to vote on Question 2, "Prescribing Medication to End Life." MMS is opposed to Question 2 for these reasons:

- Proposed safeguards against abuse are insufficient. Enforcement provisions, investigation authority, oversight, or data verification are not included in the act. A witness to the patient's signed request could also be an heir.
- Assisted suicide is not necessary. Current law gives every patient the right to refuse lifesaving treatment, adequate pain relief, hospice care and palliative sedation.
- Predicting the end of life within six months is difficult, and sometimes inaccurate. Some patients expected to die within months have gone on to live many more months, or years. In one study, 17 percent of patients outlived their prognosis.
- Doctors should not participate in assisted suicide. The chief policy making body of the Massachusetts Medical Society has voted to oppose physician assisted suicide.

The MMS has reaffirmed its commitment to provide physicians with the ethical, medical, social, and legal education and resources to enable them to contribute to the comfort and dignity of the dying patient and their family.

Lynda M. Young, MD, MMS past president, testified about the MMS policy before the House Judiciary Committee on March 6, 2012:

"Allowing physicians to participate in assisted suicide would cause more harm than good. Physician assisted suicide is fundamentally incompatible with the physician's role as healer. "Instead of participating in assisted suicide, physicians must aggressively respond to the needs of patients at the end of life. ... Patients must continue to receive emotional support, comfort care, adequate pain control, respect for patient autonomy, and good communication."

NEW JERSEY TO CONSIDER ASSISTED SUICIDE

New Jersey Assemblyman, John J. Burzichelli, introduced what he calls the "New Jersey Death with Dignity Act"; on September 27, a bill that is a "Oregon Style" assisted suicide bill.

This bill is designed to be debated and voted-on by the legislature and, if passed, it is designed to bypass the Governor and go before the voters as a

ballot question in the next election.

Burzichelli, a Democrat, stated that Assembly Bill A3328:

"...is not a Dr. Kevorkian bill where someone who's 45 years of age who's depressed and lost their job decides they don't want to live and wants to call someone to assist them in suicide. This bill is very narrow."

During the debates concerning assisted suicide, New Jersey legislators will learn that the Oregon assisted suicide act has serious flaws and that allowing physicians to prescribe lethal doses to their patients will occur with abuses.

BREAKING NEWS: NEW ASSISTED SUICIDE GAMBIT IN BRITISH COLUMBIA

Abbotsford BC police have confirmed on October 1 that Kenneth William Carr (53) was charged with counselling a person to commit suicide.

The woman survived the suicide attempt, and claimed that Carr had assisted her suicide attempt. This woman was known to suffer from depression.

The police investigation has uncovered the possibility that Carr has counselled other people to commit suicide.

Carr was also convicted of manslaughter in 1999 for the August 1997 death of Katie Kaminski (17).

NEW YORK TIMES PUBLISHES MARILYN GOLDEN

A recent NYT article written by disability rights leader Marilyn Golden points out that there are flaws in assisted suicide laws.

A senior policy analyst at the Disability Rights Education and Defense Fund, Golden stated that while Or-

egon and Washington State have legalized assisted suicide, about half of U.S. states have defeated or banned it, often with an opposition coalition spanning left to right.

Mixing assisted suicide and profit-driven managed health care is danger-

ous. Denying or delaying treatment to save money already poses a significant danger. A lethal prescription costs about \$300, much cheaper than many treatment regimens. Two Oregonians, Barbara Wagner and Randy Stroup,

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MASSACHUSETTS BALLOT QUESTION 2 (ASSISTED SUICIDE): WHOSE CHOICE?

Margaret Dore, October 1, 2012

I am an attorney in Washington State, where assisted suicide is legal. Our law was passed by a ballot initiative in November 2008 and went into effect in March 2009. Our law is similar to Ballot Question 2.



In Washington State, my former clients own two adult family homes (small elder care facilities). Four days after the election, the adult child of one of their residents asked about getting

pills for the purpose of causing his father's death. It wasn't the older gentleman asking for his "right to die." [1]

At that time, our law had not yet gone into effect; the man died before it did. But if our law had been in effect, whose choice would it have been? The choice of his son, or the choice of the older gentleman?

In Washington state, we have already had suggestions to expand our law to direct euthanasia for non-terminal people. [2]. More disturbing, there was this discussion in the Seattle Times suggesting euthanasia for people unable to afford care, which would be on an involuntary basis for those persons who want to live. Columnist Jerry Large stated:

"After Monday's column, some readers were unsympathetic [to people unable to afford care], a few suggested that if you couldn't save enough money to see you through your old age, you

shouldn't expect society to bail you out. At least a couple mentioned euthanasia as a solution." [3]

I never saw anything like this prior to our law being passed in 2008. Be careful what you vote for.

[1] Letter from Juan Carlos to the Montana Board of Medical Examiners, posted July 1, 2012, at: <http://www.montanansagainstassistedsuicide.org/2012/07/dear-montana-board-of-medical-examiners.html>

[2] See e.g., Brian Faller, "Perhaps it's time to expand Washington's Death with Dignity Act," *The Olympian*, November 16, 2011, available at: <http://www.theolympian.com/2011/11/16/1878667/perhaps-its-time-to-expand-washingtons.html>

[3] Jerry Large, "Planning for old age at a premium," *The Seattle Times*, March 8, 2012 at: <http://seattletimes.nwsourc.com/text/2017693023.html>

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were informed that the Oregon Health Plan won't pay for their chemotherapy, but will pay for assisted suicide.

"Disabled patients, the elderly and those with depression or mental illness are especially vulnerable." Doctor-prescribed suicide especially affects people with depression or mental illness. Michael Freeland had a 40-year history of acute depression but received lethal drugs in Oregon.

Oregon's "safeguards" offer no protection. If a doctor refuses, patients find another doctor. "Death within six months" is often misdiagnosed, endangering persons not terminally ill, including disabled people with many meaningful years of life ahead. The law offers no protection when family pressures, financial or emotional, distort patient choice. New Jersey legislators must reject Assembly Bill A3328. New Jersey citizens must organize to defeat this ballot measure.

Coming Up

EPC National Conference
Ramada Hotel London ON
November 10, 2012

Conference and dinner \$99
Conference only \$70
Dinner only \$40.

If you cannot attend the EPC national conference please consider donating \$99 to allow a student to attend for free.