

WHY THE ASSISTED SUICIDE REFERENDUM WAS DEFEATED IN MASSACHUSETTS

By Alex Schadenberg

Ballot Question 2 (assisted suicide) was defeated in Massachusetts on November 6 by a vote of 51.1%. This is a huge victory considering the fact that the original polling indicated that 68% of the people in Massachusetts supported assisted suicide and only 19% opposed it.

The assisted suicide referendum was defeated because there were many people who worked together to oppose assisted suicide from different perspectives. There were three main groups who opposed Question 2 and there were several others who influenced the outcome of the vote.

The Committee Against Physician Assisted Suicide raised significant money. They developed one radio commercial, three TV commercials and a very effective hand-out.

The No on Question 2 campaign ran a great campaign and developed a TV commercial. They also instituted a very effective "get out the vote" strategy.

Second Thoughts, a disability rights group that was led by John Kelly, were effective in every debate. Kelly was also a spokesperson for the No on Question 2 campaign. Second Thoughts were well connected to the "progressive" elite in Massachusetts.

Defeating the assisted suicide referendum in Massachusetts was done by focusing on what the law

would actually do. Early polling indicated that if this were a referendum over whether or not people supported assisted suicide that we would lose.

The campaign was able to convince people that the statute was not safe.

There are several key flaws in the assisted suicide statutes in the states of Oregon and Washington and by focusing on these specific flaws they were able to convince 'soft' supporters of assisted suicide to vote no.

Margaret Dore, the leader of Choice is an Illusion is a key person at identifying the flaws in the assisted suicide statutes. Dore has effectively analyzed the statutes and developed campaign style ideas to convince the public that assisted suicide is not safe.

The campaign was successful at getting the media onside. Nine newspapers took an outright NO position on Question 2 and one newspaper clearly supported assisted suicide but was NO position on Question 2. This was an unprecedented success and it was accomplished by the campaign developing effective messages and sticking to them.

Tim Rosales, from the No on Question 2 campaign indicated that message discipline was a key to their success.

There was a lot of good experience gained by the defeat of assisted suicide in Massachusetts. The assisted suicide lobby is not going to stop because they

lost in Massachusetts, but rather they are already launching a campaign in New Jersey.

Canadians should also be concerned. The spokesperson for the Death with Dignity campaign in Massachusetts told the media the day after Question 2 was defeated that they would be helping the Canadian assisted suicide lobby.



LESSONS FROM THE MASSACHUSETTS CAMPAIGN:

- Work with a diverse group of people.
- Focus on the actual proposed statute and not assisted suicide itself.
- Work with diverse groups both independently and in coalition.
- Develop a set of effective messages and maintain message discipline.
- Raise as much money as possible, and then raise more money.
- Terminology, use the term assisted suicide and not doctor prescribed suicide or doctor prescribed death. ■

JUSTICE LYNN SMITH ORDERS THE GOVERNMENT OF CANADA TO PAY \$1 MILLION DOLLARS TO THE BC CIVIL LIBERTIES ASSOCIATION



Justice Lynn Smith, who announced her retirement in August, has now ordered the federal and provincial governments to pay the BC Civil Liberties Association \$1 million dollars for their role in overturning Canada's laws preventing euthanasia and assisted suicide.

The Vancouver Province printed an article by on November 2 entitled: Governments ordered to cover \$1 million of opposing lawyers' costs in right-to-die case.

It is bad enough that Smith rejected information from peer reviewed studies that proved that in other jurisdictions (Belgium) vulnerable patient groups are dying by euthanasia without an explicit request and these euthanasia deaths are "covered-up" by the physicians not submitting the euthanasia reports.

Now Smith has ordered the government to pay the expense of the case to overturn the law, a case that the federal government has argued that Smith had no right to overturn a law that was already upheld by the Supreme Court of Canada. The Euthanasia Prevention Coalition (EPC) intervened in the BC case at the lower level and we have requested to intervene in the case at the BC Court of Appeal.

The Federal government needs to appeal this decision. Justice Smith appears to be establishing her name in the history books for doing everything possible to legalize euthanasia and assisted suicide in Canada. It is possible that Justice Smith made this decision to enable the BC Civil Liberties Association to have money to continue with the case up to the Supreme Court of Canada.

Contact The Hon. Rob Nicholson and ask him to appeal the \$1 million dollar award to the BC Civil Liberties Association in the Carter v Canada case.

The Hon. Robert Douglas Nicholson
Minister of Justice and Attorney General of Canada
284 Wellington Street
Ottawa, Ontario K1A 0H8
Email: mcu@justice.gc.ca ■

LEGAL CASES UPDATE:

On November 8, the Euthanasia Prevention Coalition (EPC) and EPC – BC applied for co-intervener standing in the appeal of the Carter case to the BC Court of Appeal. The applications for intervener standing will be decided by the Court on November 20. EPC and EPC – BC co-intervened in the Carter case at the lower court.

The BC Court of Appeal will hear the appeal of the Carter case March 4 – 8, 2013. The Rasouli case will be heard by the Supreme Court of Canada on December 10, 2012. EPC has intervener standing in the Rasouli case, a case that will determine whether or not physicians can unilaterally withdraw life-sustaining treatment without consent.

The Leblanc case in Quebec will be heard by the lower court beginning on December 11, 2012. EPC and Vivre dans la Dignité in Quebec have co-intervener standing in the Leblanc case, a case that is very similar to the Carter case in BC. Our legal teams are composed of our legal counsel, Hugh Scher, working with lawyers from the law firm Fasken Martineau in British Columbia and Quebec.

We will need at least \$100,000 by March 2013 in order to pay our current legal obligations. ■

By: Dr Kenneth Stevens, Sherwood Oregon

I am a cancer doctor in Oregon, where physician-assisted suicide is legal. Oregon's assisted-suicide law applies to patients predicted to have less than six months to live. This does not necessarily mean that such patients are dying.

In 2000, I had a cancer patient who had been given a terminal diagnosis by another doctor of six months to a year to live. This was based on her not being treated for cancer. At our first meeting, she told me that she did not want to be treated, and that she wanted to opt for what our law allowed — to kill herself with a lethal dose of barbiturates.

I did not and do not believe in assisted suicide. I informed her that her cancer was treatable and that her prospects were good. But she wanted "the pills." She had made up her mind, but she continued to see me. On the third or fourth visit, I asked her about her family and learned that she had a son. I asked her how he would feel if she went through with her plan. Shortly after that, she agreed to be treated, and her cancer was cured.

Several years later she saw me in a restaurant and said, "Dr. Stevens, you saved my life."

For her, the mere presence of legal assisted suicide had steered her to suicide. ■

EXPOSING VULNERABLE PEOPLE TO EUTHANASIA AND ASSISTED SUICIDE

The book – Exposing Vulnerable People to Euthanasia and Assisted Suicide is hot off the press.

Exposing Vulnerable People uncovers data from peer reviewed journal articles and studies related to the euthanasia deaths without request and the unreported euthanasia deaths in Belgium and the Netherlands.

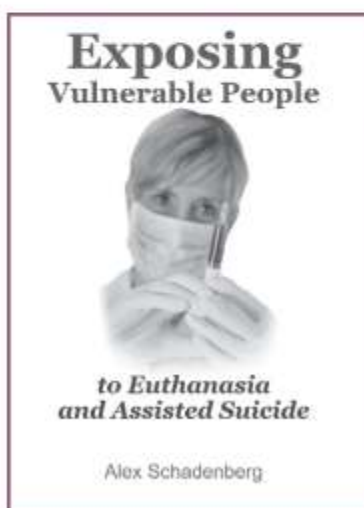
This book explains exposes how vulnerable patient groups are dying by euthanasia and it also exposes how Justice Smith in the Carter case, the Royal Society of Canada end of life decision making report and the Quebec Commission on Dying with Dignity avoided the truth in order to establish the false and dangerous recommendations for the legalization of euthanasia and assisted suicide in Canada.

Dr. André Bourque, the President of Vivre dans la Dignité (Living with Dignity) in Quebec stated:

The Quebec Commission on Dying with Dignity has in its 2012 report recommended the introduction of euthanasia, while stating that they had reviewed the literature on the euthanasia experience in Belgium and Holland, and could not find any clear evidence of abuses or of any drift. Alex Schadenberg sets the record straight on what they should have read or may have purposefully ignored.

Paul Russell, the founder of HOPE Australia, has already ordered 800 copies of Exposing Vulnerable People. He stated:

"Alex Schadenberg has done the debate on euthanasia & assisted suicide a great service in this comprehensive work. His thorough-going analysis of the available studies concerning The Netherlands and Belgium demand a response from those who support euthanasia & assisted suicide. This work supports empirically the observation that no legislation can ever protect all citizens from the possibility of abuse. For legislators and commentators alike, this is a must read."



ORDER COPIES OF EXPOSING VULNERABLE PEOPLE FOR:

- \$20 FOR ONE COPY**
- \$50 FOR 3 COPIES**
- \$100 FOR 8 COPIES, OR**
- \$200 FOR 20 COPIES.**

ELDER ABUSE: ITS HAPPENING ALL AROUND US AND IT'S ONE MORE REASON NOT TO LEGALIZE ASSISTED SUICIDE

By Derek Meidema, researcher IMFC Canada

Canadians can visit a government website to learn about elder abuse. Short commercials warn us to be vigilant about the problem—by showing an elderly man who is pushed to move faster, an adult child stealing money from a grandmother's wallet.

However, just as many still turn a blind eye to the fact that elder abuse is happening, proponents of assisted suicide refuse to connect the dots to see how legalized assisted suicide opens the door to more—and more serious—elder abuse.

In Québec, the provincial government is poised to introduce a bill in 2013 to legalize assisted suicide. Gloria Taylor made a successful plea for an assisted suicide exemption from the British Columbia courts (she died October 4, 2012 of natural causes before using it).¹ On November 6, the state of Massachusetts voted no on a ballot that would have made it legal for a doctor to help someone commit suicide. While it is fortunate that this initiative failed, more are bound to come up.

Legalizing assisted suicide is not about choice, empowerment or the right to choose the time and place of death, particularly for those suffering from severe illness.

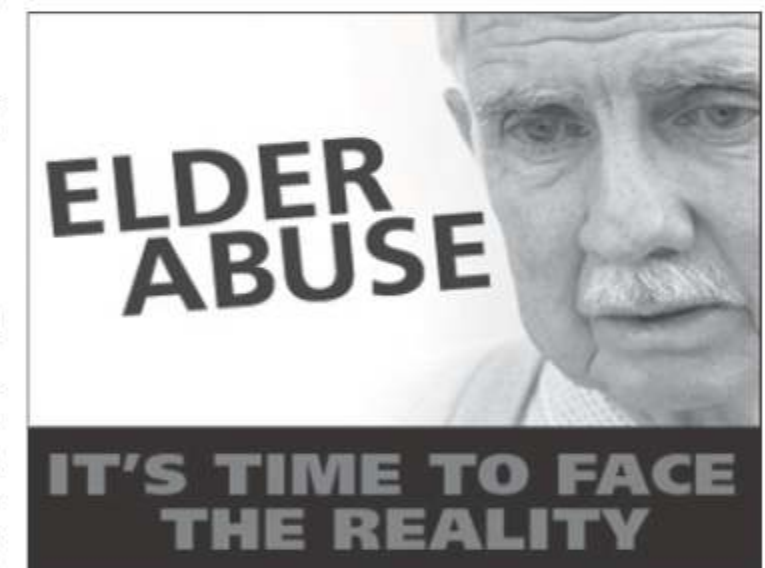
The reality on the ground is much different.

For one, the nature of elder abuse is changing. Laura Tamblyn Watts, a lawyer and senior fellow at the Canadian Centre for Elder Law, among others, addresses the financial side of elder abuse: "People used to wait until their parents died until they went after the money. Today, with longevity being what it is and with increased financial pressures, what we're seeing is boomers going after the assets of their parents while they're alive."² While she wasn't making a link to assisted suicide with this comment, it would be naïve not to be concerned about the implications of legalized assisted suicide.

BC family physician Will Johnston, who is also chair of the Euthanasia Prevention Coalition of BC is not shy about connecting the dots. He sees elder abuse firsthand 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," he writes.³ Coercion, not choice, will play a role in legalized assisted suicide.

Statistics Canada finds seniors are at higher risk of abuse by a family member than a stranger reporting that "grown children were most often identified as the perpetrator of family violence against seniors."⁴ In fact, "over the past decade, half (50%) of all family homicides against seniors were committed by grown children."⁵ It is not a big stretch to say children would orchestrate the death of family members to access their finances.

Across the pond in Britain, a parliamentary inquiry has been established because a program intended to help people may have been causing their premature death. The Liverpool Care Pathway was established to extend the quality of care practiced in hospice homes to other areas of health care dealing with the end of life.⁶ Instead, today, families are raising questions because they believe medical staff hastened the death of their loved ones when they wouldn't be the first time doctors killed patients. A study of Belgium, where assisted suicide is legal, showed that they killed just under 1000 patients without their request in 2007.



The specter of elder abuse is real. Government public service announcements challenge us to notice elder abuse and they've gone further too, with a current attempt to make "vulnerability due to age" a factor in sentencing.⁹ That's great, but we need to connect the dots. Legalized assisted suicide would simply be a death wish for some of the most vulnerable among us. Why would we give the very few the right to suicide when experience shows the very many will be affected to the point of death if we do? ■