

## QUEBEC GOVERNMENT DETERMINED TO BE CANADA'S EUTHANASIA PROVINCE

The Quebec government appears intent on legalizing euthanasia through the backdoor. Last year, the Quebec government orchestrated the production of the pro-euthanasia *Dying with Dignity* report. The report claimed that Quebec citizens want euthanasia legalized, and proposed that the government do so by defining euthanasia as a form of medical treatment, regulated under provincial healthcare. The report asked the Quebec government to develop prosecution

guidelines to protect doctors from prosecution for killing a person by euthanasia.

In a January announcement, the government stated that it intends to implement euthanasia guidelines by June 2013. Released on January 17, the *Menard* report explains how Quebec could legalize euthanasia through the Quebec courts. The *Menard* report is a legal document that appears to be preparing the government for the court defense of its position.

The Euthanasia Prevention Coalition (EPC) is convinced that Quebec's euthanasia plan is unconstitutional. We believe that if enough Quebec citizens challenge the government's plan, and if the federal government rejects the Quebec government plan, euthanasia will not be legalized through the back-door in Quebec.

The good news: many Quebec citizens are organizing to derail their government's euthanasia plans. EPC is working with the emerging organizations.

### Rassemblement Québécois Contre l'Euthanasie

This new organization is a coalition of groups and individuals working to stop the legalization of euthanasia. The coalition is not associated with any religious or political affiliation. Everyone is welcome to join.

*Rassemblement* is already organizing its first project: La Marche Printanière in Quebec City on May 18. (see [www.euthanasienonmerci.org](http://www.euthanasienonmerci.org))

The march will begin at 12 noon on the Plaines d'Abraham by the Musée National des Beaux-Arts in Quebec City and it will finish with speeches at the

Quebec parliament at 4:30 pm.

EPC urges our supporters to attend the march in Quebec City on May 18. We need thousands of people to attend the march. May 18 is a beautiful time to visit Quebec City and a great day to join La Marche Printanière

### Toujours Vivant Not Dead Yet

Recently organized by Amy Hasbrouck, a lawyer living in Quebec, *Toujours Vivant - Not Dead Yet* (Canada) is a project of the *Council of Canadians with Disabilities*. It has a national focus, while also being an active part of the Quebec debate. The voice of people with disabili-

ties is an essential part of the euthanasia debate. Contact: [www.tv-ndy.ca/en](http://www.tv-ndy.ca/en)

### Collectif de Médecins du Refus Médical del'Euthanasie

The *Physicians for the Refusal of Euthanasia* continue to be very active in Quebec. More than 340 physicians have joined the collective from all parts of Quebec and every medical discipline. Last month the Collectif had a rally in Quebec City and a media conference. Contact: [www.caringalways.com](http://www.caringalways.com)

### Vivre dans la Dignité - Living with Dignity

Vivre dans la Dignité continues to be active throughout Quebec. As well, the group is working to co-ordinate and communicate with all of the groups and individuals throughout Quebec who are working to oppose euthanasia. Together, they submitted 60% of the 427 presentations to the Quebec Dying with Dignity committee opposing the legalization of euthanasia. Contact: <http://www.vivre-dignite.com>

The message is clear. The euthanasia battle is far from over in Quebec.

## L'euthanasie, chez nous, NON MERCI!

### LA MARCH PRINTANIÈRE

18 MAI 2013

**Gather 12 H**

Plains of Abraham  
before the Musée des Beaux Arts

**Depart 13 H 45**

the Parliament of Quebec  
Speakers unitl 16 H 30

*Dr. Catherine Dopchie - March 19, 2013*

Palliative care is so efficient today that even the proponents of euthanasia say that failing to relieve physical suffering is medical incompetence. Euthanasia is mainly applied, not for pain, but for the suffering of loss of meaning of life. Euthanasia is now commonplace in Belgium. Some say it is not an exceptional ethical transgression, but a gently suggested accompaniment to dying that avoids unnecessary suffering, without waiting for physical or psychological decline. The request is presented as a humane and courageous act.

The confusion doesn't stop here. Right now euthanasia is practiced as a free choice which is not a reality. It has to be said that we see an impasse when a patient didn't learn to integrate his human limitations and reduced himself only to his sensibility and his sensations. He does not believe that it is possible to integrate the richness and the poverty of his condition, and find there a source of healing. He has reduced himself to a person in his pain and he has reduced the doctor from his function. For us physicians, there is no longer the "always help/care" as we partake in his helplessness. We find ourselves no longer in a particular place where two parties are in the center on this last and final act of giving. Instead, he has convinced himself that he is insurmountable and must be in control. The doctor who aims rather for wholeness of the person, and refuses to practice euthanasia, can no longer become involved in the relation of therapeutic union that engages two people in the situation of fragility. We end up in the impasse to choose between the right of our conscience or rights of law.

Actual pain is subjective, not measurable. The fact that a patient might only be suffering the fear of pain is no longer an obstacle to euthanasia. To the doctor who believes that he can predict when suffering might become unbearable, anticipated suffering justifies killing under the law. A doctor who believes he is capable of predicting human suffering may be more dangerous than a doctor who believes in pursuing aggressive therapy. By becoming an "expert" at predicting suffering, the doctor may dispense with actually assessing the pain of a dementia patient, or an infant.

In end of life situations, where psycho-spiritual activity is intense, people completely change their minds about their desires. Scientific studies on the quality of life of cancer patients demonstrate that items identified as important for quality of life change with the aggravation of the situation and the loss of autonomy. It is not reasonable for a doctor to assume that he is competent to predict the patient's feelings in a situation which is not yet here. If the doctor believes that he can always anticipate a request for euthanasia, even for unconscious patients, euthanasia will be practiced based on the document, without knowing what the patient feels at that future time. It is an ideology that actually destroys relief of suffering.

To the psychology of a young person, not yet a mature adult, it may seem difficult to avoid the pitfall of false freedom, especially in the current materialistic society. An adult knows from experience that it is possible to evolve through his suffering. But



the young person needs to witness the journey of adults facing suffering in order to find his way. However, if all that person hears is that he has the right to refuse care, and if palliative care is relentlessly labeled as aggressive treatment, they can lose hope. All of the development still needed to optimize psychosocial and spiritual care will be suffocated in the egg. Only through suffering along with the patient can we acquire compassion. Without that, caregivers will become increasingly intolerant and therefore incompetent. The mystery of the dignity that proceeds from carrying each others' human pain is disparaged by those who do not know how to do it. Euthanasia is a cheap technical way to pay off the account of human suffering. Can we honestly consider that it is real progress?

Whether it is the child who would do anything to avoid her parents' suffering, or the old man who does not want to be a burden to his family, everyone will be vulnerable to those who have lost sight of our disabilities, our shortcomings of time, of finances, of compassion ... but they are not the only ones!

I give my opinion as an oncologist, trained in palliative care and in charge of a palliative care unit.

# NEWS FROM AROUND THE GLOBE

The assisted suicide lobby has been very busy introducing legislative attempts to legalize assisted suicide in US states. There is particularly dangerous pressure to legalize assisted suicide in the Northeast but other attempts are ongoing in other states.

## NEW JERSEY

Bill A 3328 will allow a referendum on the issue of assisted suicide this November. Bill 3328 passed in committee and will soon be voted-on in the House. This bill represents the strongest threat for legalizing assisted suicide this year.

## CONNECTICUT

Bill HB 6645 would legalize “Oregon Style” assisted suicide. The bill has had public hearings that were well attended by opponents of assisted suicide, especially members of the disability rights group Not Dead Yet.

## VERMONT

Bill S 77 was a bill that would have legalized “Oregon Style” assisted suicide, but last month S 77 was amended to protect physicians when a person intentionally overdoses from a prescription. The bill would protect family members when a person intentionally overdoses.

This is not really an assisted suicide bill anymore. The language of the bill is dangerous, possibly allowing assisted suicide through the back-door. It is our hope that because of the convoluted language of the bill that it will be defeated.

## MINNESOTA

William Melchert-Dinkel, the nurse who counseled online Nadia Kajouji, a Canadian teenager, to commit suicide, has appealed his conviction for assisted suicide.

## NEW MEXICO

There is a court case, similar to the Baxter case in Montana, to legalize assisted suicide.

## HAWAII

Bill HB 606 would legalize “Oregon Style” assisted suicide, except that it limits assisted suicide to people who are over the age of 50.

## KANSAS

Bill HB 2108 is a wide-open assisted suicide bill. The bill defines Terminal disease as: “an incurable and irreversible disease that has been medically confirmed.” That definition is so wide that you can drive a hearse through it. We are following the Kansas bill.

## MAINE

Bill LD 1065 has been introduced to legalize assisted suicide.

## MONTANA

Bill SB 220 that would have legalized assisted suicide in Montana was defeated in February. Bill HB 505 a bill that would clarify and protect people in Montana from assisted suicide passed in the House by a vote of 54 to 49. It will be debated in the Senate soon.

## SCOTLAND

Margo MacDonald will sponsor a bill to legalize euthanasia in Scotland. She claims that she has tightened up the language of the bill but she has extended the bill to 16 year-olds.

## FRANCE

The French government has stated that it will introduce a bill to legalize assisted suicide in June.

## BELGIUM

The Belgium government is debating extending euthanasia to people with dementia and children with disabilities.

## TASMANIA

The Australian state of Tasmania published a discussion document on legalizing assisted suicide in January. The Governor stated that he will introduce a private members bill to legalize assisted suicide. Recent media reports indicate that the bill will be defeated, but the Governor has stated that he will introduce the bill anyway.



“I’m Jeanette Hall. If my doctor had believed in assisted suicide, I would be dead. Don’t let assisted suicide come to Montana. Tell your legislators to vote “Yes” on House Bill 505!”

“I’m Dr. Paul Gorsuch. On behalf of myself and a hundred other doctors, I urge you to support House Bill 505. House Bill 505 will protect the ‘Jeanette Halls’ of the world. Twelve years ago, she had cancer and decided to ‘do’ Oregon’s assisted suicide law. Her doctor convinced her to be treated instead. Tell your Senators to vote “Yes” on HB 505.”

*successful radio ad in Montana campaign*

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## THE CARTER APPEAL

The BC Court of Appeal heard the appeal of the Carter decision from March 18 – 22. EPC had intervener standing in the Appeal. A similar position to our intervention was made by the Council of Canadians with Disabilities / Association for Community Living.

On March 18, EPC held a rally at the front of the court house with spokes-

people: Dr. Margaret Cottle, the national Vice President for EPC and disability leader Norman Kunc. Amy Hasbrouck, the leader of *Toujours Vivant - Not Dead Yet*, demonstrated her exceptional organizational skills with our own leadership team.

The appeal was heard by: The Honourable Chief Justice Finch, The Honour-

able Madam Justice Newbury and The Honourable Madam Justice Saunders.

Amy Hasbrouck from *Toujours Vivant - Not Dead Yet*, a lawyer living in Quebec, attended the full hearing. She took notes on all of the arguments and is preparing her thoughts on the case.

EPC legal counsel, Hugh Scher represented us in the court. The court had limited our scope of intervention. EPC worked effectively with the Crown and the other interveners to ensure that our position was presented in the court.

We do not know how long it will take for the Justices to make a decision in Carter. The fact that the original decision was 400 pages long makes it more likely that the decision will take some time before it is released.

The decision of the BC Court of Appeal in Carter will likely be appealed to the Supreme Court of Canada.

Please make a donation towards the legal costs of EPC intervening in the Carter case in BC.



**"Before we try assisted suicide, Mrs. Rose, let's give the aspirin a chance."**

### Exposing Vulnerable People



**to Euthanasia and Assisted Suicide**

Alex Schadenberg

### New EPC Publication

*"Using already existing studies, Schadenberg has uncovered the shocking truth about euthanasia in Belgium, the lives lost and the deep threat to others. His work demonstrates unequivocally that we must never follow this Belgian pathway to the easy killing of people whose lives are not valued by those who do the killing."*

*Kevin Fitzpatrick, Not Dead Yet, UK*

**\$20.00**

**Order the book today**

1-877-439-3348 or email: [info@epcc.ca](mailto:info@epcc.ca).

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**Dr. Margaret Cottle**