

NATIONAL ASSEMBLY BACKS EUTHANASIA IN QUEBEC

On June 12, the Quebec National Assembly introduced Bill 52: *An Act respecting end-of-life care* to legalize euthanasia in Quebec. The Quebec euthanasia bill (Bill 52) is a disaster.

The Quebec government is proposing to legalize euthanasia by defining euthanasia as a form of palliative care. In their strategy, palliative care (including euthanasia) cannot be prosecuted under the Criminal Code.

Euthanasia means “to intentionally kill someone.” We are greatly con-

cerned that Quebec is re-defining *euthanasia* as palliative care, a form of medical treatment.

The World Health Organization includes within the definition of palliative care:

- Affirms life and regards dying as a normal process,
- Intends neither to hasten or postpone death.

We have included a summary of the Quebec euthanasia bill on page 2.

MAINE LEGISLATURE OVERWHELMINGLY REJECTS ASSISTED SUICIDE BILL.

From the Bangor Daily News in Maine May 31, 2013.

House members voted 95-43 against Bill LD 1065, sponsored by Winterport Independent Rep. Joseph Brooks.



Dr. Ann Dorney

Brooks' bill allowed patient and doctor to sign end-of-life care agreements, after the two have discussed the patient's treatment options, and the patient has agreed to accept “care ordered or delivered by the physician that may hasten or bring about the patient's death.”

Rep. Ann Dorney, D-Norridgewock, a physician who opposed the bill stated: “...letting doctors administer lethal doses of medication... would go too far. We have very good end-of-life care. We have very good hospice care. We have very good palliative care. I'm not sure we need this bill.”

Maine voters rejected a physician-assisted suicide ballot in 1990. People in Maine living with disabilities and chronic conditions should be comforted that legislators rejected assisted suicide, a threat to their lives.

BRITISH EXPERT: QUEBEC BILL LIKELY TO INCREASE RISKS

By Dr. Peter Saunders – Campaign Director, Care Not Killing Alliance, UK

The Quebec euthanasia bill (Bill 52) is based on Belgium's euthanasia law. Both Belgium and the Netherlands have taken major steps towards euthanasia for children. A consensus among members of the Belgian Federal Parliament has reportedly formed in support of legislation to allow children to choose to undergo euthanasia, reports the Belgian daily newspaper *Der Morgen*.



Dr. Peter Saunders

If child euthanasia is legalized in Belgium, the country would become the first in the developed world to have a law on the books formally allowing the practice.

See Saunders page 4...

DANGEROUS: QUEBEC EUTHANASIA BILL 52

“An Act Respecting End-of-Life Care”

- Bill 52 defines “end-of-life care” as: palliative care provided to persons at the end of their lives, including terminal palliative sedation, and medical aid in dying.
- The bill states that doctors would “administer” medical aid in dying (euthanasia). Medical aid in dying is a euphemism for euthanasia.
- The bill decriminalizes euthanasia, but not assisted suicide. Euthanasia is a form of homicide since it directly and intentionally administers the death of a person, usually by lethal injection.
- The bill defines palliative care as: terminal palliative sedation and medical aid in dying. The definition of palliative care, in the bill, includes euthanasia.
- The bill creates a “right to receive palliative care.” But since palliative care has been re-defined to include medical aid in dying, the bill also creates a right to receive euthanasia.
- Euthanasia is not limited to the terminally ill. The bill defines the criteria for euthanasia as: an incurable serious illness. Many people live with conditions that are incurable and serious.
- People with disabilities qualify for euthanasia. The criteria for euthanasia: having an advanced state of irreversible decline in capability. Many people with disabilities are included here.
- People with depression are not protected. Persons having physical or psychological pain which cannot be relieved in a manner the person deems tolerable qualify for euthanasia. People with chronic depression, who reject effective treatment that they deem intolerable, can be killed.
- The “safeguards” in the bill do not require: 1. A waiting period; 2. A medical exam by the doctor who receives the request; 3. A psychological evaluation; or 4. Preventative pain control.
- Doctors are not given conscience rights. Doctors are not required to refer for euthanasia, but they are required to notify authorities to find a doctor to do it. They cannot refuse to participate.
- The reports must be sent in after the death has occurred. Since the person is dead when the report is submitted by the doctor who did the euthanasia death, how will people be protected from abuse? Will a doctor self-report abuse?
- The bill establishes a commission to oversee the law. The commission will produce annual and five year reports. The commission will also assess compliance with the law. There is no indication how a physician who is non-compliant would be sanctioned, and the commission has not been given the power to investigate problems.
- Quebec is imposing a medical model for euthanasia with similar definitions as the Belgian law.
- In order to avoid the constitutional battle with the federal Criminal Code, the bill defines euthanasia as health care and the bill calls it “medical aid in dying” (euthanasia), which it defines as part of the continuum of care.
- Bill 52 is designed to legalize euthanasia through false claims, euphemisms and ambiguous language. It is a very dangerous bill.

Quebec must put Bill 52 aside and recommit itself to improving true palliative care.

NEWS FROM AROUND THE GLOBE

MONTREAL

Toujours Vivant-Not Dead Yet announced June 12 their initiative to respond to Québec's proposed law to allow euthanasia of people with disabilities. The initiative is designed to educate the disability community and the general public about the dangers of euthanasia.

Toujours Vivant points out that requests for euthanasia are really suicide requests. People making such requests should be given suicide prevention services, instead of being helped to kill themselves. *Toujours Vivant* believes the push for euthanasia laws is a product of discriminatory assumptions about the value and quality of life of people with disabilities.

Toujours Vivant-Not Dead Yet is a project of the Council of Canadians with Disabilities to unite and give voice to disability opposition to assisted suicide, euthanasia and similar end-of-life practices. For further information:

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MONTANA

It appears that assisted suicide groups spend significant money lobbying in Montana. *Compassion & Choices*, the largest assisted suicide lobby group in the US, spent more than \$160,000 lobbying the Montana State legislature in an attempt to legalize assisted suicide.

Bill HB 505 would have clearly prohibited assisted suicide in Montana. *Compassion & Choices* worked to defeat the bill. HB 505 passed in the House but was closely defeated in the Montana Senate.

In a recent article, Montana Senator Jennifer Fielder stated: "I found myself wondering where all the lobby money comes from. If it really is about a few terminally ill people who might seek help ending their suffering, why was more money spent on promoting assisted suicide than any other issue in Montana?"

It is clear that millions, perhaps billions, of dollars are intertwined with the group marketed as "Compassion and Choices." We must be wary.

WASHINGTON

Assisted suicide deaths in Washington State increased by 17% in 2012. A-S deaths numbered 83 in 2012, 70 in 2011, and 51 in 2010.

There has been a 39% increase in lethal dose prescriptions since 2010. Lethal prescriptions numbered 121 in 2012, 103 in 2011, and 87 in 2010.

Only 3 of the 121 people prescribed a lethal dose were offered a psychiatric evaluation. One person died 150 weeks after receiving the lethal dose; 17 others died more than 6 months after receiving it. One person died 16 hours *after* taking the lethal dose. The prescribing physicians were present only 5 times during ingestion.

Of 121 lethal dose prescriptions, the following required documents were missing:

- 10 Written Request forms
- 13 Death Certificates
- 4 Pharmacy Dispensing forms
- 11 Consulting Physician forms

The data must be submitted, after the death, by the prescribing physician. This is a self-reporting system, so abuses will be difficult to uncover.

Exposing Vulnerable People



to Euthanasia and Assisted Suicide

Alex Schadenberg

Learn more about the current practices and abuses of the Belgian and Netherlands euthanasia laws. This book will prepare you to oppose the legalization of euthanasia and assisted suicide.

The Euthanasia Prevention Coalition (EPC) hopes that Belgian legislators reverse direction in their euthanasia experiment. If not, we hope that the rest of the world will recognize how legalized euthanasia and assisted suicide threatens the lives of citizens everywhere.

\$20.00

Order the book today

1-877-439-3348 or email: info@epcc.ca.

\$50 for 3.....\$100 for 8.....\$200 for 20 copies

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in the world
is to have hope

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Amy Hasbrouck – Toujours Vivant-Not Dead Yet Quebec

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Conference Regular Price \$99

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Lunch November 9 12:00 \$50

... Saunders from page 1

Belgium became the second country in the world after the Netherlands to legalize euthanasia in 2002, but the statute currently extends only to people 18 or older.

The proposed legislation, introduced by the Socialist party last December, lays out guidelines for doctors to decide ... whether or not a child is mature enough to make the decision to end his or her own life. "...Liberals and socialists appear to agree... that age should not be regarded as a decisive criterion in the event of a request for euthanasia," *Der Morgen* wrote last week.

Peter Deconinck, president of the Belgian medical ethics organization *Reflectiegroep Biomedische Ethiek*, testified: "We all know that euthanasia is already practiced on children. Yes, active euthanasia." In a separate move, the *Royal Dutch Medical Association (KNMG)*, representing doctors in the Netherlands, said that distress felt by parents can justify euthanasia of a dying newborn.

Two key concepts make this extension inevitable. First concept: *there is such a thing as a life not worth living*. Second concept: *to lessen the suffering of one person, it is justifiable to end of another person's life*. In 1939 Germany, these two principles were used by Dr Karl Brandt to justify killing an infant with limb abnormalities and congenital blindness.

This "test-case" paved the way for the registration of all children under three years of age with "serious hereditary diseases." This information was then used by a panel of "experts" to authorise death by injection or starvation of children with disabilities.

The euthanasia programme in Nazi Germany, later headed by the same Karl Brandt, did not begin in prison camps like Auschwitz or Treblinka. It began far more subtly with doctors in hospitals; its very first victims were children who were killed on supposedly compassionate grounds. It is bitterly ironic that child euthanasia is recurring seventy years later, on the same grounds, in two countries that share a common border with Germany.