Euthanasia Prevention Coalition

NEWSLETTER

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Judge sides with Golubchuk family

We won the first battle, but now face court trial

Justice Perry Schulman decided on Wednesday, February 13, that all life-sustaining treatment will continue for Samuel Golubchuk and he ordered the case to move to a full-trial.

The victory in courts has resulted in Samuel Golubchuk being protected from having the ventilator, fluids and food withdrawn but it is only a partial victory.

Justice Schulman ordered that a full-trial take place to fully consider all the issues in the case and to examine the legal precedents related to withholding and withdrawing life-sustaining treatment. This means that the Golubchuk case may become a precedent-setting legal case on the consent to be withdrawn or withheld from life-sustaining treatment, including fluids and food.

Many people are confused about the nature of the Golubchuk case. Post-modern bioethicists have lumped together the issues of medical treatment and basic care. Medical treatment should be defined as treatments oriented toward a medical condition. Basic care should be defined as care that is not oriented toward a medical condition. Basic care was traditionally viewed as obligatory, based on need.

Our concern for Samuel Golubchuk and the family has only begun. The trial will cost a lot of money and they are going up against a well-funded medical institution.

We have set-up a website along with the Canadian Centre for Policy Studies at: www.samuelgolubchuk.com.

We are urging people to contact Grace General Hospital and urge them to drop the case and provide medical care for Samuel Golubchuk.

We are also challenging the Manitoba College of Physicians and Surgeons to drop their recent *Statement on Withholding and Withdrawing Life-Sustaining Treatment*. **See our statement on pages 2-3.**

The Manitoba Statement will lead to cases of people being dehydrated to death in the same manner as Terri Schiavo and yet against their consent.

The Euthanasia Prevention Coalition has agreed to assist the counsel for the Golubchuk family to build a strong positive precedent-setting case.

We need your financial help to make this possible.

Symposium DVDs

The DVD presentations from the International Symposium on Euthanasia and Assisted Suicide are selling well. We have sold more than 150 sets in the past month.

Each of the unedited presentations are included in the DVD set which includes the power point presentations.

The Cost for the International Symposium DVD set is: $50 for 1 set, $70 for 2 sets, $100 for 4 sets.

Turning the Tide

We have now sold approximately 1,200 copies of the Turning the Tide DVD package.

The Cost for the ***Turning the Tide*** DVD package is: $50 for 1 pack, $70 for 2 packs, $100 for 4 packs.

To encourage greater distribution of the ***Turning the Tide*** DVD package and the International Symposium DVD set, EPC will package orders together to save costs.

Therefore, one **Turning the Tide** package and one International Symposium DVD set can be ordered for $70.

Please refer to the order form that has been included with this *Newsletter*.

2008 National Symposium

The 2008 National Symposium will be held in Winnipeg on October 24/25, 2008 at the Victoria Inn near the Winnipeg airport. Please mark the dates on your calendar and attempt to attend.

The proposed title for the Symposium is: "Death-Making."

An organizing committee is composed of members of the Euthanasia Prevention Coalition and the Council of Canadians with Disabilities.

Terri's Day - March 31

March 31 has been named by the Terri Schindler Schiavo Foundation as Terri's Day. For more information about organizing an event on Terri's Day contact the Terri Schindler Schiavo Foundation at: 727-490-7603 or go to: www.terrisfight.org or email: bschindler@terrisfight.org.

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Response to Statement of the College of Physicians & Surgeons of Manitoba on "*Withholding and Withdrawing Life-Sustaining Treatment*"

By Alex Schadenberg,
Executive Director, Euthanasia Prevention Coalition -- a national coalition of groups and individuals who support measures that will create an effective social barrier to euthanasia and assisted suicide.

The College of Physicians and Surgeons of Manitoba presented on January 30, 2008 a new **Statement on *Withholding and Withdrawing Life-Sustaining Treatment*** [henceforth referred to as the **Statement.** *see* www.cpsm.mb.ca/statements/1602.pdf]. The **Statement** came into effect on February 1, 2008 , and is binding on all Manitoba physicians.

The *Euthanasia Prevention Coalition* is concerned that the **Statement** will result in patients having basic medical care, including fluids, food and the respirator, withheld or withdrawn against their consent or personal values.

Euthanasia by omission includes the intentional withholding or withdrawal of fluids and food from a person who is not otherwise dying.

Post-modern bioethicists have falsely redefined fluids and food as medical treatment even though the provision of fluids and food do not constitute a treatment of a medical condition, but rather provide a basic necessity of life. Medical treatment is always optional whereas basic care is a necessity that must be provided based on need.

The **Statement** claims to "assist physicians, their patients and others involved with decisions to withhold or withdraw life-sustaining treatment by establishing a process for physicians to follow when withholding or withdrawing life-sustaining treatment is being considered. It stipulates the ethical obligations of physicians, it urges open communications aimed at achieving consensus, and it provides for conflict resolution in circumstances consensus cannot be reached." [No. 1602, 15-S1]

In reality, the **Statement** establishes that the physician is the final decision maker pertaining to the withholding or withdrawal of life-sustaining medical treatment. When the family disagrees with the physician, the physician must attempt to achieve consensus, but when consensus is not reached, the family will receive notice before life-sustaining medical treatment is withheld or withdrawn.

The **Statement** does not promote open communication between families and physicians, but rather defines the rights of the physician and informs the family that whether they agree with the physician or not, the final decision on withholding and withdrawing life-sustaining treatment is made by the physician.

Definitions are paramount:

Life-sustaining treatment is defined as: "Any treatment that is undertaken for the purpose of prolonging the patient's life and that is not intended to reverse the underlying medical condition." [No. 1602, 15-S3]

This definition of life-sustaining medical treatment includes provisions such as fluids and food (provided by any and all means) and respiration.

Traditionally, fluids and food were considered basic care and not medical treatment. Fluids and food provide a basic human need and should be considered basic care and obligatory until the point when the patient's death is imminent and the patient is unable to physiologically benefit from its provision or until the burden of its provision exceeds the benefit.

It is important to note that the definition of ***life-sustaining treatment*** in the **Statement** is not the withholding and withdrawal of medical treatment in general but rather treatments that are not intended to reverse the underlying medical condition. Medical treatment that is intended to reverse the underlying medical condition, most likely, will have already been withheld or withdrawn.

Therefore, the **Statement** is not based on withholding or withdrawing futile medical treatment but rather decisions concerning *patients that are deemed to be futile*.

"Minimum goal of life-sustaining treatment is clinically defined as the maintenance of or recovery to a level of cerebral function that enables the patient to:

- achieve awareness of self; and
- achieve awareness of environment; and
- experience his/her own existence.

For pediatric patients, the potential for neurological development must be factored into the assessment." [No. 1602, 15-S6]

The **Statement** says that: "Where a Physician concludes that the **minimum goal is not realistically achievable and that life-sustaining treatment should be withheld or withdrawn** and there is no consensus with the patient/proxy/representative, the physician is not obligated to continue to reach

a consensus before withholding or withdrawing treatment, but must meet the implementation requirements ... before treatment can be withheld or withdrawn." [No. 1602, 15-S11]

Therefore, the physician is not obligated to reach consensus before withholding or withdrawing fluids and food which may result in the person dying of dehydration. To intentionally cause the death of another person is a very serious decision. It is even more serious when it is done without the consent of the patient.

The **Statement** also says that: "Where the physician concludes that the minimum goal is realistically achievable but that treatment should be withheld or withdrawn, and the patient/proxy/representative does not agree and/or demands life-sustaining treatment." that a second physician must be consulted. If the second physician agrees that "treatment should be withheld or withdrawn and there is no consensus reached with the patient/proxy/ representative then the physician must provide at least 96 hours advance notice to the patient or proxy. [No. 1602, 15-S12]

Therefore, even in cases where the person is expected to reach the "minimum goal of life-sustaining treatment" as described above, the person can still be dehydrated to death, if two physicians agree that the patient's life is futile or lacks a subjective quality of life.

The authors of the **Statement** must have understood that this part of the **Statement** would be criticized and therefore it states under the heading of communication that: "the concerns in these circumstances may not relate to clinical assessment or care and *may involve values and judgements regarding quality of life*."(emphasis is ours) [No. 1602, 15-S12]. By admitting to the reality of subjective quality of life assessments they are trying to deflect criticism by acknowledged these concerns ahead of time.

When did doctors become the arbiters of who has the right to live and who must die?

Once again, the **Statement** is not about withholding surgery or cancer treatment from someone who is unconscious or nearing death. This is about withholding and withdrawing basic care measures.

It is interesting to note that when the "Physician offers life-sustaining treatment but the patient/proxy declines treatment or the representative advocates withholding or withdrawing treatment" the **Statement** says:

- "If the physician has satisfied him/herself of the matters referred to in the Communications section ... he/she **must** withhold or withdraw treatment in accordance with the patient/proxy's wishes." [No. 1602, 15-S10]

In other words, the physician may not provide life-sustaining treatment, when it is of benefit to the patient, against the expressed wishes of the patient or the consent of the proxy/representative.

On the other hand, the physician can withhold or withdraw life-sustaining treatment/care **against** the expressed wishes of the patient and without the consent of the proxy/representative.

Thus, it doesn't work both ways.

In Ontario, the *Consent to Treatment Act* recognizes that consent is paramount. The same Consent to Treatment Act defines a 'Plan of Treatment' as being composed of treatments or courses of treatment and may include the withholding or withdrawal of treatment. In both cases consent is required.

The Ontario model recognizes that a plan of treatment includes consent for treatment and non-treatment.

In conclusion, the *Euthanasia Prevention Coalition* opposes the College of Physicians & Surgeons of Manitoba **Statement on *Withholding and Withdrawing Life-Sustaining Medical Treatment*** because it directly threatens the lives of vulnerable persons and approves acts which may result in euthanasia by omission.

We recognize that medical treatment may become futile and may need to be withheld or withdrawn under certain conditions. Futile treatments are those that offer little to no benefit based on the condition of the person or where the burden of the treatment exceeds its possible benefit. We do not approve of decisions to remove basic care provisions, such as fluids, food and often the respiration because the patient has been deemed as futile.

There is a difference between letting a person die and intentionally causing a person's death by action or omission. The **Statement** wrongly equates omissions that lead to the death of people who are not otherwise dying, with that of omissions that allow a natural death for those who are dying.

Patients depend on physicians who are willing to protect them and give them basic care, as deemed by their human need. Medical decisions must not be made based on supposed "quality of life" arguments that threaten the rights of people with disabilities and demean the value of each individual person.

In Canada medical professionals must be very concerned about safeguarding the trust relationship that exists with their patients. Canadians have a right to quality end-of-life care. Due to our medical system, patients are not free to purchase medical care outside of the system. Therefore, their needs to be a recognition that the values of individuals should be upheld and protected.

The future of medical care and the confidence Canadians have in our medical system depend on rejecting policies such as the **Statement on *Withholding and Withdrawing Life-Sustaining Medical Treatment*** by The College of Physicians and Surgeons of Manitoba.

Man sentenced to three years in supposed "assisted suicide" drug death

By Sean Gordon
Toronto Star - February 14, 2008
http://www.thestar.com:80/News/Canada/article/303497

A Quebec judge denied a request for clemency in an unusual case involving a multiple sclerosis sufferer who claims a fatal dose of morphine pills he gave a friend in 2006 was assisted suicide.

Michel Larouche, 55, of Quebec City, was sentenced to three years in prison after pleading guilty to criminal negligence causing death in the case of 54-year-old Francine Guignard. He was also sentenced to eight months for drug trafficking, to be served concurrently.

Quebec Superior Court Judge Rémi Bouchard rejected the defence's contention that Larouche had merely been helping ease the suffering of a friend, and that sending him to prison wasn't warranted because of his frail health and the low likelihood he would re-offend.

Larouche, who walks with a cane and requires morphine to control the symptoms of his disease, admitted to giving several morphine pills to Guignard, a friend who suffered from emphysema and chronic pain, and whom he claimed was mired in a suicidal depression. Guignard's children and sister hotly disputed that account. Her son told a court proceeding last fall that "she was living the best years of her life."

But when Larouche pleaded guilty to criminal negligence last December, Guignard's cousin testified that four days prior to her death she said she was tired of living and wanted to die before Christmas.

A friend of Guignard's also testified that she was smoking heavily despite her pulmonary disease, and drank vast quantities of beer.

Crown prosecutor Sarah-Julie Chicoine cited Larouche's conflicting accounts to police. He initially said nothing about assisted suicide and told investigators he had given the pills to Guignard one night in October 2006 to help with pain.

Save Lauren Richardson - *another dehydration case*

Lauren Richardson is a 23 year old woman in Delaware who is alleged to be in a persistent vegetative state (PVS) since August 2006. Lauren has notoriety for the fact that she gave birth to her daughter in February 2007 while supposedly in a PVS state.

Lauren's life is endangered by a recent court decision made by Master Sam Glasscock III, by which her feeding tube will be removed. As a disabled citizen, she is defenseless against the court-approved, imposed act of dehydration intended to cause her death.

Lauren's mother, Edith Towers, who is the court appointed guardian for Lauren, claims that Lauren would have never wanted to live this way. Towers also has custody of Lauren's daughter.

Lauren's father, Randy Richardson, has asked the courts to allow him to care for Lauren and not to be dehydrated to death. He states that Lauren had never expressed such a wish and that she loved life.

For more information about Lauren Richardson and how you can help Randy protect his daughter from euthanasia by omission, go to: www.lifeforlauren.org

Vermont faces new legislation on end-of-life care

Last year, the Vermont legislature defeated a bill designed to legalize assisted suicide. Dying with Dignity in Vermont has responded to last year's defeat by arranging Bill H-804 which is touted as a palliative care and pain management bill.

Bill H-804 is actually a bill to promote death by dehydration. The bill states that when someone has been diagnosed with an incurable disease or is within one year of dying, that the person should have access to all information concerning end-of-life care options including information about terminal sedation and dehydration.

This bill is obviously trying to normalize and encourage death by dehydration rather than actually promoting good end-of-life care.

The Vermont Alliance for Ethical Health Care have produced a critique of the bill and have also proposed good legislative options for legislators in Vermont to consider.

Coalition against Assisted Suicide challenging the wording of Washington Initiative

The Coalition against Assisted Suicide in Washington State has filed a petition to appeal the proposed assisted suicide ballot title and summary. The assisted suicide initiative title known as Initiative 1000 is not specific enough in its wording. The summary is vague in its information.

Oral arguments concerning the wording of the Initiative will have been heard on February 22, 2008.

The initiative requires 224,880 signatures by July 3, 2008 in order to qualify for the November ballot.

For more information about the proposed assisted suicide initiative go to the Coalition against Assisted Suicide website at: www.noassistedsuicide.com