



Euthanasia Prevention Coalition

NEWSLETTER

Number 84

April 2008

New legislation and another test case for assisted suicide on the horizon in Canada

By Deborah Gyapong

Canadian Catholic News - March 14, 2008

Work is underway on a draft assisted suicide and euthanasia bill and on a new test case to challenge the Sue Rodriguez Supreme Court of Canada ruling.

In the early '90s, Rodriguez, who had ALS, wanted the legal right to doctor-assisted suicide. The Supreme Court turned her down by a 5-4 ruling. In 1994, she found an unnamed doctor to help her take her life.

News of the draft legislation and possible test case came out on CBC Radio's *Cross Country Checkup* March 2, during an interview with Jocelyn Downie, the Canada research chair in health law and policy at Dalhousie University.

In a telephone interview March 6, Downie confirmed legislation is in the works, but she declined to give any details. She also would not confirm whether a potential test case has been found or a search for such a person is still happening.

Cross Country Checkup devoted the March 2 program to the recent decision to release Robert Latimer on day parole. Latimer had been serving a 10-year sentence for the second-degree murder of his disabled daughter Tracy. Last fall, a parole board hearing turned down his request for release, because he was unrepentant for the killing. He appealed the parole board decision and won. He will live in Ottawa, where he plans to lobby for clemency and for a change in the law.

For Margaret Somerville, the founding director of the McGill Centre for Medicine, Ethics and Law, one of the big dangers in the

looming euthanasia debate is how mixed up and confused the arguments and the cases in question become. This confusion can be "very favourable to the pro-euthanasia side," she said in an interview.

The Latimer case is not a euthanasia case, she stressed.

Initially the pro-euthanasia people recoiled in horror at the Latimer case, she said, because it was viewed as a father killing his disabled daughter. They said we would never condone anything like that, but only the assisted suicide of a competent adult with informed consent, she said.

"We know that familiarity inhibits our moral intuition, and so now it seems as though they are quite happy to say we should be nice to Mr. Latimer because it was just mercy and compassion," she said. "Obviously what they're saying is that's an ethical justification for what he did and it should be a legal justification."

Somerville said she finds euthanasia "alarming no matter how broad or narrow" the definition is.

Somerville warned of this confusion when she spoke to a group of conservatives at the Canada Networking Conference put together by the Manning Centre for Building Democracy in Ottawa on February 29, in a talk entitled: 'The Next contentious ethical issue: Euthanasia and end-of-life issues.'

The danger of the Latimer case is that it shows how the very narrow definition of euthanasia could be expanded to include compassion as an ethical and legal justification for killing someone, she said.

2008 National Symposium to be held in Winnipeg

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 to attend.

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

The current line-up of speakers include: Diane Coleman & Stephen Drake from Not Dead Yet, Rhonda Wiebe and Jim Derksen from the Council of Canadians with Disabilities, Palliative Care physicians Margaret Cottle from British Columbia and John Scott from Ottawa, Alex Schadenberg and EPC legal counsel Hugh Scher.

Due to the likelihood that we will face another attempt to legalize euthanasia and/or assisted suicide soon, this conference will focus on building a stronger coalition.

DVD packages selling well

We have now sold more than 1200 copies of the **Turning the Tide** DVD package. The DVD was designed for small group or classroom presentations and it is distributed with a presentation guide.

• Continued on page 3

• Continued on page 2

Euthanasia Prevention Coalition • P.O. Box 25033 London ON N6C 6A8

Euthanasia Prevention Coalition International • P.O. Box 611309 Port Huron MI 48061-1309

Tel 1-877-439-3348 / 519-439-3348 • Fax 519-439-7053 • info@epcc.ca • www.epcc.ca

DVDs

(Continued from page 1)

The DVDs from the **International Symposium on Euthanasia and Assisted Suicide** are selling well. We have sold more than 150 sets.

All the presentations are included, unedited, in the DVD set.

The cost for the **Turning the Tide** package or the **International Symposium** set is: \$50.00 for 1 copy, \$70.00 for 2 copies, \$100.00 for 4 copies.

To encourage greater distribution of the **Turning the Tide** DVD and the **International Symposium** DVD sets, 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 is included with the newsletter.

Samuel Golubchuk trial to be delayed

Samuel Golubchuk is an orthodox Jewish man who is on life-support at Grace Hospital in Winnipeg. Grace Hospital believes that they have the right to end Life-Sustaining care against the wishes of the Golubchuk family.

On March 14, Neil Kravetsky and the lawyers for Grace Hospital met to discuss a suitable court date. Due to demands on the legal system it is unlikely that the Golubchuk case will be heard until later this year.

In the meantime, the temporary injunction that was granted maintaining life-sustaining care will be upheld

• Continued on page 4

Tracy Latimer's Legacy

What of the other children with disabilities?

What of aging parents with dementia?

By Heidi Janz - Freelance writer
The Edmonton Journal - March 15, 2008

Thirteen-and-a-half years, two court trials and thousands of media reports after Robert Latimer gassed his 12-year-old daughter Tracy to death in his pickup truck, his legal saga has come to an end.

Late last month, the National Parole Board Appeal Division reversed a decision in early December by a three-person panel of the parole board that denied parole to Latimer, saying he refused to acknowledge his actions were a crime.

In a written decision, the appeal division said the denial could not be supported in law and a delay in releasing Latimer “would be unfair.”

It said the circumstances of Latimer's offence were “unique” and it was unlikely he would find himself in a similar high-risk situation.

So, what have we, as Canadians, learned about life, death, and disability through the whole saga of the Latimer case?

In my mind, and in the minds of most Canadians with disabilities and their supporters, frighteningly little.

A chief reason for this, I would argue, is that so much of the mainstream media's coverage of the Latimer case has consistently been characterized by one-sided, often blatantly erroneous, portrayals of Tracy Latimer as an unfortunate, less-than-human being, whose pain-filled and burdensome existence was bravely sustained by her stoic and heroic parents. Indeed, most media stories about the Latimer case were, and are, constructed around the dichotomy of Tracy as a pain-ridden subhuman being versus Robert as a long-suffering, devoted parent.

The glaring problem — and, indeed, the grave danger — inherent in this typical mainstream media portrayal of Tracy as a perpetually suffering, subhuman being is that it flies in the face of Tracy's actual day-to-day lived experience, as it was revealed in court testimony by her care-givers and even her own mother.

What's more, the apparently general public acceptance of this portrayal of Tracy blatantly ignores the experience of thousands of Ca-

nadians who live with severe disabilities and chronic pain, while systematically undermining the value of their lives.

Given the enormous stakes implicit in the Latimer case — both for those of us currently living with disabilities, and for those of us who are still currently temporarily-able-bodied — I feel it is imperative at this juncture to critically compare the facts of Tracy's life with the one-sided image of her that has been constructed and promulgated by the mainstream media.

The problem of pain:

One of the most common descriptors of Tracy is that she was in constant, unremitting pain. For example, the subheading of an article in the March 1995 issue of *Saturday Night* reads, “With his little girl in constant pain, Bob Latimer just couldn't see the point of any more operations. Enough was enough.”

Indeed a great number of mainstream media stories about the Latimer case were written in this vein. However, as Dick Sobsey, Director of the University of Alberta's John Dosssetor Health Ethics Centre, has pointed out, the widely accepted notion that Tracy was in constant pain is, in fact, an assumption that is fraught with numerous logical and factual inconsistencies: numerous sources printed a direct quote from Latimer's lawyer, describing Tracy as both in a “vegetative state” and “undergoing tremendous pain as a result of degenerative disease.”

Since a person in a vegetative state is not conscious of or highly reactive to pain, it is difficult to understand how such a statement would be accepted without question.

The fact that cerebral palsy is not a degenerative disease adds to the misinformation. In early accounts of Tracy's suffering, she was described as “wracked with bedsores” (Craig, 1993, Nov. 5) and no mention is made of a hip dislocation. Later, the hip dislocation became the source of her unrelenting suffering. Tracy was repeatedly described as being in unrelenting distress. Yet, in Mr. Latimer's confession, she was in no distress the Sunday morning that he killed her.

• Continued next page

Tracy's Legacy

(continued)

One can't help but wonder how much of this kind of misinformation has affected the way in which judges and jurors have viewed Tracy as well, if only subconsciously.

It seems at least a distinct possibility that, in describing Mr. Latimer's situation as "unique," members of the National Parole Board Appeal Division had in mind the idea that Tracy was in constant, unremitting pain when her father killed her. But the simple fact that Tracy was evidently well enough to attend school just two days before her death should raise serious questions about just how much pain she was really experiencing.

Not Dead, Or Even Dying, Yet:

Closely connected with the erroneous yet widely-accepted notion that Tracy was in constant, unremitting pain is the equally false idea that her condition — ie., her disability — was progressive, and, ultimately, terminal.

Frequent though its appearances are in over a decade's worth of coverage of the Latimer case, this notion has its roots, not in any kind of empirical knowledge of cerebral palsy, but rather in the erroneous, yet culturally-entrenched, assumption that the presence of a disabling condition is intrinsically linked to a shortened life-span, or at least to a low "quality of life" which is comparable to the "quality of life" of someone who is at the end

of their life.

In other words, because Tracy had a severe disability, it was, in many cases, assumed either that she was dying, or at least that the "quality of life" that she experienced was so poor that she may as well have been dying - or dead.

Not Quite Human?

It can, I think, easily be argued and demonstrated that the cumulative effect of these factual misrepresentations of Tracy's life is to turn her into a somehow less-than-human being, who was actually better off dead than living with such severe disabilities.

This kind of sub-text is readily apparent in the media's pat description of Tracy as someone who "could not walk, talk, or feed herself." It is this assumption that her life was somehow less worthy — if not completely unworthy — of being lived that makes the Latimer case of enormous significance for all Canadians.

Even though Robert Latimer's legal saga is now over, the ripple effects of his actions will continue to be felt in this country for years to come. If the value of a person's life is ultimately contingent on a person's ability to walk, talk and feed themselves, what are we to do with the rest of our children with severe disabilities? And what of the growing numbers of our parents with dementia?

For me, as for thousands of other vulnerable Canadians, these are haunting questions. Our very lives depend on their answers.

"Take the Pledge" Campaign

EPC has joined the Physicians for Compassionate Care in the USA to build the "Take the Pledge" campaign.

The Physicians for Compassionate Care have been promoting the Take the Pledge Campaign. We have agreed to join them to promote it far and wide.

EPC has committed money and resources towards the "Take the Pledge" campaign for a website to be professionally designed. When physicians go to the website and "Take the Pledge", they will be sent a beautifully designed pledge.

We need to encourage physicians to "Take the Pledge" to not take part in assisted suicide or euthanasia. Once someone formally commits themselves to an ethical position, they are more likely to maintain that commitment.

Please help EPC fulfill its commitment by making a donation toward the the "Take the Pledge" campaign.

Legal challenges ahead *(continued from page 1)*

Euthanasia Prevention Coalition (EPC) executive director Alex Schadenberg said in a telephone interview he expects a new euthanasia and assisted suicide bill will be introduced after the next election. The last such bill was put forward as a private members bill by Bloc Quebecois MP Francine Lalonde.

He said he also expects Robert Latimer will be plying the halls of parliament trying to win people over to his point of view. Schadenberg thinks that Latimer will be as effective as Jack Kevorkian, the so-called Dr. Death, when Members of Parliament get to

meet him and get a real sense for motivation.

The March 6 issue of *Maclean's* magazine profiles Robert Latimer and reports on the underlying rage in his letters to politicians.

"His idea of mercy is a direct threat to other people," Schadenberg said, because others might say to themselves if it was okay for Robert Latimer to kill his disabled daughter, then maybe there is nothing wrong with killing disabled people.

Somerville said she believes that somehow Canadians need to be shocked back into seeing the larger moral

context and what it means for the moral context if we legalize it.

In order to maintain respect for human life, we have to exercise respect for human dignity in general in the form of a restraint when it comes to taking human life, she said.

Another case that has helped confuse the euthanasia debate concerns Samuel Golubchuk, an elderly man on a respirator in a Winnipeg hospital. His doctors want to remove the respirator and stop treatment. His orthodox Jewish family wants his care to continue. The family re-

cently won a court injunction. The issue in the Golubchuk case is who should decide. Doctors in Manitoba recently declared that they should make the final decision, not families.

Somerville does not believe doctors should have the absolute right to trump the rights of families.

"The family has got the basic right to decide, but there can be exceptions when what the family wants is unreasonable," she said.

The Euthanasia Prevention Coalition also supports the Golubchuk family in their battle.

Experts prefer better care of dying patients to euthanasia

*Prague Daily Monitor -
March 12, 2008*

Instead of legalizing euthanasia, legal conditions for care of dying patients should be rather improved, experts agreed at a conference on “Dignified Dying” in Prague.

The legalisation of active euthanasia, proposed by the extra-parliamentary Liberal Reform Party, was opposed by a crushing majority of politicians, including Boris Stastny (senior ruling Civic Democrats, ODS) head of the Chamber of Deputies health committee, who is also considering legally regulating euthanasia.

“I am convinced that the patient’s freedom in his decision-making about euthanasia can be further extended,” Stastny said.

He added that health care facilities would have to respect the patient’s previous written wish not to prolong treatment, within the amendment to the law on health services.

However, there is not yet time for a special law to enable aid in the assisted suicide of incurably ill patients on the basis of their repeated request, Stastny said.

A thorough debate of experts and political support must precede such a decision, Stastny added.

Deputy justice minister Frantisek Korbel objected that the cited provision con-

cerned doctors’ duty to respect the patient’s rights rather than euthanasia.

Senate deputy head Jan Rakusan (opposition Social Democrats, CSSD), doctor by profession, opposed euthanasia since, he said, it might be abused.

Tomas Halik, president of the Czech Christian Academy, admitted that euthanasia might be a horrible weapon in the war between generations. He, however, admitted that it is ethically justifiable to interrupt or not to apply a treatment that is obviously futile.

However, Halik said, it is better to support the development of hospices and long-term care facilities and regulate conditions for care of the dying in the Labour Code.

Renowned oncologist Pavel Klener and deputy labour and social affairs minister Marian Hosek (Christian Democrats, KDU-CSL, deputy head) agreed with Halik’s opinion.

Klener said euthanasia is supported by the young and healthy rather than the old and ill.

However, Milan Hamersky, chairman of the Liberal Reform Party, objected that the legislation of euthanasia is supported by over 65% of people in the Czech Republic, according to a poll.

Vladimir Benes, professor of neurosurgery, pointed out that society is not yet mature for a law on “assisted suicide.”

Comment by Alex Schadenberg:

The article about the debate the Czech Republic shows that people throughout the world are grappling with the question of end-of-life care. There is a clear lack of understanding concerning how euthanasia and assisted suicide are actually defined and how they change the social construct of a society.

French court turns down woman’s request for doctor-assisted suicide

By Alex Schadenberg

Chantal Sébire attempted to re-opened the euthanasia debate in France by asking French President Nicholas Sarkozy to allow her to be euthanized.

On March 17, the court in Dijon rejected the request by Sébire to have a doctor assist her suicide because it would breach the code of medical ethics and the law.

Sébire experiences pain and symptoms from several inoperable tumors caused by esthesioneuroblastoma a condition that has caused

significant disfigurement of Sébire.

The court stated that “while Ms. Sébire’s physical deterioration deserves compassion, under French law the judge must reject the request.”

Sarkozy has asked medical experts whether there is any medical treatment that could be provided that would alleviate the suffering that Sébire has experienced.

Meanwhile, Dr. Bernard Senet, a general practitioner from the Velleron in the Vaucluse, who is a member of

the Association for the Right to Die in Dignity (ADMD) in France has offered to help Sébire die if Sarkozy refuses to make an exception in the law.

Dr. Senet is willing to help Sébire dehydrate herself to death by putting her into a coma condition and withholding fluids and food.

Sébire said that this would not be a dignified or humane way to die, and it wouldn’t be respectful to her children. Sébire indicated that she would travel to Switzerland and die at the Dignitas clinic.

Golubchuk trial

(continued from page 3)

until the trial.

Section 25 of the decision by Justice Schulman included a precedent setting statement. Schulman stated that: “Contrary to the assertion by the defendants (Grace Hospital), it is not settled law that, in the event of disagreement between a physician and his patient as to withdrawal of life supports, the physician has the final say.”

This statement represents the real question which is: who decides when to withdraw life-sustaining treatment or care that may result in the death of the patient. This question will also settle the question of who has the right to decide the withdrawal fluids and food.