



# Euthanasia Prevention Coalition

## NEWSLETTER

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### Film: 'I made it look like they died in their sleep'

By Alex Schadenberg - May 12, 2008

While making a film about assisted-suicide advocate George Exoo, Jon Ronson changed his position and now opposes assisted suicide.

Ronson contacted Exoo to make a film about him, after it had become known that Exoo had assisted the suicide of Rosemary Toole in January 2002 in Ireland. The action created significant support for assisted suicide in that country.

Ronson's experience interviewing and getting to know Exoo while producing the film entitled 'I made it look like they died in their sleep' is reported in an article in the *Guardian*.

(<http://www.guardian.co.uk/society/2008/may/12/mental-health.health?gusrc=rss&feed=networkfront>)

Exoo claims to have been directly involved in 102 suicide deaths. What is astounding is that most of his clients were not terminally ill, but depressed and in need of psychiatric help.

The prime example is Pam Acre, a 59 year-old woman living on the outskirts of Baltimore, who describes her disease as difficult because all the tests "come back negative."

Exoo is not concerned about Acre's mental condition; he is only interested in describing each method of suicide and determining which method she prefers.

Ronson gets the title for his film from Exoo's comment, "I'm always careful and I always work quietly, like the Lone Ranger. I do so generally at night and for the most part I make it look like they just died in their sleep. I'll prop a book up on their lap so it looks like they just expired."

In May 2007, Exoo began training a friend named Susan to be his assistant and to possibly replace him if he were arrested.

She then began to work on her own by establishing the assisted suicide work as a business.

She stated: "George sees it as a calling. There's a big difference there. For me it's, No cash, No help." She said she charges approximately \$7,000.

Ronson was also interested in finding out how Exoo met his clients. He interviewed Derek Humphry, founder of the Hemlock society, a group that has now merged into the Compassion and Choices national group in the U.S.

"Humphry said that the mainstream right-to-die groups will tell them (Exoo clients), 'We can't help you. It's not within our parameters because you aren't terminally ill.' But they pursue you. They call and call. And eventually someone will say, 'George Exoo will probably help you.' And that gets them off the phone and on to George."

George Exoo is busy aiding, abetting and counseling suicide for people who are not terminally ill, but who need help for their depression and the mainstream "right to die" lobby is sending troubled callers to him.

Derek Humphry commented about this article and the film on his listserve by stating: "There is a lengthy article ... concerning assisted suicide for persons with mental health problems. ... It quotes George Exoo (at length), and more briefly Pieter Admiraal, Leslie Martin and myself. The article and the TV program to be shown on Channel 4, UK, on Monday night (19 May) are not helpful

to the cause of legalizing choice in dying, but every movement has its mavericks."

Derek should acknowledge that his movement's mainstream supports mavericks by sending their troubled "clients" to them for death.

Ronson's experience making his film about George Exoo demonstrates that when people learn about the right to die - suicide cult - they will change their mind about assisted suicide, as Ronson did.

The article shows that the only reason the mainstream right to die lobby won't "assist" people who are not terminally ill, but simply depressed, is because being associated with killing mentally ill and depressed people won't advance their goal, which is to legalize euthanasia and assisted suicide.

For updates on issues related to euthanasia & assisted suicide go to:  
[www.alexschadenberg.blogspot.com](http://www.alexschadenberg.blogspot.com)

2008 National Euthanasia Symposium  
"Death Making"

October 24, 25, 2008,  
Victoria Inn - Winnipeg Manitoba

See back page for information  
and registration form

# Physician-Assisted Suicide (PAS) in Oregon: *A Medical Perspective*

By Alex Schadenberg - May 7, 2008

**D**r. Herbert Hendin and Dr. Kathleen Foley have written a thorough report on the experience in Oregon after 10 years of legal assisted suicide.

Hendin is a Professor of Psychiatry and the Chief Executive Officer and Medical Director of Suicide Prevention International.

Foley is a Professor of Neurology, Neuroscience, and Clinical Pharmacology, Weill Medical College of Cornell University and the Medical Director, International Palliative Care Initiative of the Open Society Institute.

Hendin and Foley examine the Oregon experience based on case studies and research articles. They make recommendations to the Oregon Public Health Division (OPHD) as to how they could ensure that patients are properly protected under the law.

For instance, the case of Helen proved that the law is not effectively protecting patients when they are experiencing depression.

Helen's personal physician refused to assist in her suicide but didn't offer specific reasons. A second physician refused to assist her in suicide on the grounds that she was depressed.

Helen's husband then called Compassion in Dying (now Compassion & Choices) who referred her to a physician who assisted her suicide.

Barbara Coombs Lee, then the executive director of Compassion in Dying stated, "If I get rebuffed by one doctor, I can go to another..."

The physician who assisted Helen's suicide regretted his minimal communication with the physicians who refused to assist her suicide and stated "Had I felt there was a disagreement among the physicians about my patient's eligibility, I would not have written the prescription."

The article also examines the contention that palliative care has improved in Oregon since the implementation of assisted suicide.

Hendin and Foley provide information that contradicts this assessment. They state that "A Study at the Oregon Health & Science University indicated that there has been a greater percentage of cases of inadequately treated pain in terminally ill patients since the Oregon law went into effect. However, among patients who requested PAS but availed themselves of a substantive intervention by a physician, 46% changed their minds about having PAS."

Hendin and Foley bring up significant concerns about the correlation between depression and assisted suicide. They show that "researchers have found hopelessness, which is strongly correlated with depression, to be the factor that most significantly predicts the wish for death."

A guidebook for health care professionals that is written by the Oregon University Center for Ethics advises physicians

to refer *all* cases requesting assisted suicide for psychiatric evaluation, even though the physician is only required to refer patients that are suspected to be experiencing depression or psychological disorder.

In fact, only 13% of assisted suicide requests were referred for psychiatric evaluation between 1998 - 2005. Of the 49 assisted suicide deaths in 2007, none was referred for psychiatric evaluation.

Under the Oregon law, the psychiatric assessment is required only to determine if the person has the 'capacity' to decide. A person suffering depression, therefore, could be deemed capable of consenting to assisted suicide.

The Oregon law does not provide the person protection from being pressured, as illustrated in the case of Kate Cheney.

Cheney was sent for psychiatric assessment. The first psychiatrist suggested that she was not capable of consenting, but a second psychiatrist determined that she could consent, even though it was noted that Cheney's daughter appeared to want her mother's suicide more than Cheney herself.

Hendin and Foley suggest that this case questions what value Oregon's prohibition on coercion really has.

Hendin and Foley also investigated the "lack of teeth" in the reporting system in Oregon. The OPHD have not addressed the issue of non-reporting, even though in the Netherlands and Belgium the issue of non-reporting is significant. The OPHD appear to be more concerned with patient-doctor confidentiality than with monitoring compliance or abuse.

The OPHD have admitted that they have no way of knowing how many assisted suicide cases are not reported.

The role of the assisted suicide advocacy group Compassion and Choices must be questioned. Compassion and Choices have been directly involved in 73% of all assisted suicide deaths in Oregon.

In 2006 Compassion and Choices lobbied the OPHD by *threatening legal action* if OPHD didn't change the term assisted suicide to a term which was more palatable. The term assisted suicide has now been replaced by 'death with dignity.'

How can the OPHD assure people that the law is being followed when the assisted suicide lobby group is also the referral agency for the majority of the assisted suicide deaths in Oregon?

Hendin and Foley conclude that, "As the Oregon assisted suicide law is currently implemented, 'Death with Dignity Act' is something of a misnomer."

The article "Physician-Assisted Suicide in Oregon: A Medical Perspective," by Herbert Hendin and Kathleen Foley, is available at [http://www.spiorg.org/publications/Hendin-Foley\\_MichiganLawReview.pdf](http://www.spiorg.org/publications/Hendin-Foley_MichiganLawReview.pdf)

To receive a copy of this article, simply send a donation to the Euthanasia Prevention Coalition and request it.

## Oregon still stands alone: Ten years of physician-assisted suicide

By Alex Schadenberg - May 7, 2008

The *American Medical News* has published an extensive article on Oregon's Assisted Suicide law after 10 years. It covers several important concerns, such as the fact that people who live with depression do not seem to be protected by the law anymore. The article states:

"Numerous studies of patients in Oregon and elsewhere found that depressed patients are significantly more likely to seek physician-assisted suicide. Any person seeking a deadly prescription should receive a mental health consultation, according to a health care professionals guidebook prepared by a task force convened by Oregon Health & Science University's Center for Ethics in Health Care.

"Only 10% of patients who have died under the law were referred for psychiatric evaluation, which is legally required if the prescribing or consulting physician believes a patient may have depression or another mental illness. In 2007, no patients were referred for consultations."

The article also points out that there have been flaws in the application of the act. It states:

"But use of the Death With Dignity Act has not been flawless. Though 94% of patients died without complications, 19 patients regurgitated the medication before dying. David Pruitt, a lung cancer patient, awakened 65 hours after taking the dose prescribed to kill him. 'What the hell happened?' he reportedly said after waking up. 'Why am I not dead?'

"Pruitt died of cancer two weeks later."

The article also buys into some of the false ideas that are promoted by the euthanasia lobby group, Compassion and Choices.

For example, it appears to support the notion that legalizing assisted suicide has improved hospice/palliative care and other end of life care concerns, as shown in the following paragraph.

"Since Medicare began reimbursing hospice services in 1982, the number of patients choosing this end-of-life care option has grown steadily. One in three Americans now dies under the care of a hospice program, and the number of programs has grown almost 50% since 1997. In Oregon, overall hospice use has jumped 84% since the use of the Death With Dignity Act in 1998. Nearly six in 10 dying Medicare-age patients there received hospice care in 2005, the most recent year for which data are available. Oregon placed ninth among states on hospice utilization in 2005."

It is wrong to connect the increased utilization of hospice/palliative care with the introduction of assisted suicide in Oregon. The fact is that, in the same time-period, hospice/palliative care has grown exponentially throughout the USA, not only Oregon.

The most important facts that this and other articles fail to report is that 73% of all deaths by assisted suicide in Oregon are facilitated by the Compassion and Choices lobby group, who have a stable of physicians willing to prescribe death to their patients.

We will never know what is actually happening in Oregon when the reporting is done by the physicians who prescribe death, and when Compassion and Choices remains the primary provider of death in Oregon. The law remains covered in secrecy and these extensive reports are essentially numbers without real personal stories or truth connected.

See the article in the *American Medical News* at Amednews.com - <http://www.ama-assn.org:80/amednews/2008/05/12/prsa0512.htm>

### Life-Protecting Power of Attorney for Personal Care©

We have re-designed the Life-Protecting Power of Attorney for Personal Care. This document is a legal document that is designed to protect you when you are unable to make medical decisions for yourself.

More than 1,800 people have purchased the Life-Protecting Power of Attorney for Personal Care.

The Life-Protecting Power of Attorney for Personal Care is a simple way to protect yourself if you become incapable of making medical care decisions for yourself.

The problem with most Power of Attorney for Personal Care documents is that they contain ambiguous language which may result in you being denied basic medical care or experience costly legal challenges to medical care decisions. The Life-Protecting Power of Attorney for Personal Care is designed to safeguard you from these possible situations. If laws forbidding euthanasia or assisted suicide are weak-

ened, the Life-Protecting Power of Attorney for Personal Care will protect you from those who might question your right to live.

We regularly receive calls from people who are concerned about the end of life decisions that are being made for their spouse or loved one.

The most important thing you can do to be assured that ethical decisions will be made in your time of need is to purchase a Life-Protecting Power of Attorney for Personal Care. Order by calling our office or by sending a donation of \$25 (includes postage and handling) to:

#### Euthanasia Prevention Coalition

(mailing address at bottom of page 1 and page 4)

Tel: 519-439-3348 or 1-877-439-3348 • Fax: 519-439-7053

E-mail: [info@epcc.ca](mailto:info@epcc.ca)

## Nitschke ‘hell-bent on assisted suicide’

By Alex Schadenberg - May 5, 2008

Two Australian women have pleaded not guilty in a New South Wales Supreme Court to murdering Graeme Wylie by giving him a lethal dose of Nembutal on March 22, 2006.

Shirley Justins, 59, Wylie’s partner for 18 years, and their friend Caren Jennings, 74, were supporters of the group Exit International, a euthanasia lobby group run by Dr. Philip Nitschke.

Justins and Jennings have also pleaded not guilty to importing the barbiturate Nembutal into Australia from Mexico. Both women pleaded guilty to the lesser charge of aiding and abetting suicide.

In November 2005, Wylie was turned down by the Swiss Suicide clinic Dignitas because they questioned Wylie’s ability to consent.

Dignitas had asked Dr. Nitschke to visit Wylie and report back as to his mental condition. Nitschke visited Wylie but decided not to assess Wylie’s mental condition because he wanted to support Wylie’s desire for assisted suicide.

The Australian court was told “Dr Nitschke was ‘hell bent’ on getting Mr Wylie on the program.”

“If Graeme Wylie was affected by dementia to the extent

that he no longer had the capacity to make an independent, informed decision himself about whether or not to commit suicide then from the law’s point of view it is as though he did not know that the poison was there,” Mr Tedeschi, the lawyer for the crown, told the jury.

“(Justins’ and Jennings’) actions in taking nembutal to him amount to murder.” stated Tedeschi.

This case emphasizes two important issues.

First, the euthanasia lobby is not really concerned about consent. Even someone who is suffering from dementia can be killed, even though consent is not possible.

Second, the euthanasia lobby is not concerned with the mental health of their victims. They are only concerned with a change in the law, and once the law is changed, their sole concern will be to facilitate death.

The same is true in the State of Oregon where the latest report showed that none of the 49 assisted suicide deaths in 2007 was referred to a psychiatrist or a psychologist, which is required by the law when the doctor suspects possible depression or mental issues.

**Euthanasia and assisted suicide represent an abandonment of the most vulnerable in their greatest time of need.**

### 2008 National Euthanasia Symposium – “Death Making”

October 24, 25, 2008, Victoria Inn - Winnipeg Manitoba

Speakers include:

Diane Coleman & Stephen Drake from Not Dead Yet.  
Rhonda Wiebe, Manitoba League of Persons with Disabilities  
Jim Derksen, Council of Canadians with Disabilities.  
Dr Mark Mostert, Virginia Beach VA - Institute for the study of Disability & Bioethics

Neil Kraveski, Winnipeg - Lawyer for Samuel Golubchuk  
Hugh Scher, Toronto - Legal Counsel, Euthanasia Prevention Coalition,  
Alex Schadenberg - Euthanasia Prevention Coalition  
Dr Margaret Cottle, Vancouver BC. Palliative care physician  
Dr John Scott, Ottawa ON. Palliative care physician.

**Registration: \$99.00 regular; \$69.00 students & persons with disabilities.**

Victoria Inn - 1808 Wellington Ave., Winnipeg Manitoba. Phone: 1-877-842-4667  
\$115 per night, \$199 for a suite. Book rooms under the title: “Euthanasia Prevention”



### Registration Form:

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