



Oregon State Health Plan refuses to pay for a woman's medical treatment, but offers to pay for her assisted suicide

By Alex Schadenberg

Barbara Wagner was prescribed a drug to treat her lung cancer by her oncologist. But the State Health Plan informed her that they would not pay for the treatment.

In the letter informing Wagner that they would not pay for the necessary cancer treatment, they indicated that they would cover palliative, or comfort care, which included assisted suicide.

(<http://www.registerguard.com:80/csp/cms/sites/dt.cms.support.viewStory.cls?cid=106873&sid=1&fid=1>).

"I think it's messed up," Wagner said.

She was particularly upset because the letter of denial said that doctor-assisted suicide would be covered.

"To say to someone, we'll pay for you to die, but not pay for you to live, it's cruel," she said. "I get angry. Who do they think they are?"

The language in the letter referring to Oregon's Death with Dignity Act comes out of the Health Service Commission's statement of intent under examples of comfort and palliative care, said Dr. John Sattenspiel, senior medical director for LIPA.

"I understand the way it was interpreted," he said. "I'm

not sure how we can lift that. The reality is, at some level (doctor-assisted suicide) could be considered as a palliative or comfort care measure.

Wesley Smith stated on his blog: "This isn't the first time this has happened. A few years ago, a patient who needed a double organ transplant was denied the treatment but would have been eligible for state-financed assisted suicide. But not to worry. Just keep repeating the mantra: There are no abuses with Oregon's assisted suicide law. There are no abuses. There are no abuses!"

The Euthanasia Prevention Coalition is concerned that the Oregon State Health Plan views assisted suicide and palliative care as part of the same health care service. Good palliative care allows a person to live until they die, whereas assisted suicide only causes death.

Once assisted suicide is viewed as a medical treatment, then it is always an option, even when effective treatment or care is available.

Wagner is receiving treatment, not because the State of Oregon recognized that her life was worth living but because the pharmaceutical company has offered her the Gift of Treatment by providing the drug for Wagner at no cost.

This case is an example of what happens when assisted suicide become legal.

Euthanasia Prevention Coalition responds to Lalonde's intent to legalize euthanasia in Canada

The Euthanasia Prevention Coalition has distributed thousands of parliamentary response cards to inform members of parliament.

Groups and individuals have ordered the response cards from us at a cost of \$10 for every 100 cards.

We have also received a significant number of emails from our supporters informing us that they have sent emails or handwritten letters to their member of parliament.

We have sample letters (in English and French) on our

website (www.epcc.ca)

Response cards can be ordered from us by calling toll free: 1-877-439-3348 or email info@epcc.ca

2008 National Euthanasia Symposium

"Death Making"

October 24, 25, 2008,

Victoria Inn - Winnipeg Manitoba

See page 3 for information

Euthanasia Bill passes California Assembly

By Alex Schadenberg

Bill AB 2747 passed in the California Assembly by a vote of 42 to 34 on May 28, 2008.

This bill is a thinly-veiled attempt to remove opposition to euthanasia by omission. It was promoted as offering Californians palliative care options and end-of-life care information.

Nobody opposes good palliative care initiatives and information, but this bill mandates that a person who is given a one year life-expectancy will be informed and given medical support to be put to death by means of terminal sedation and dehydration.

If a physician is morally opposed to terminally sedating and dehydrating a person who is not nearing death or experiencing uncontrolled physical pain (euthanasia by omission), this bill mandates the physician to refer the patient to a physician who is willing to intentionally dehydrate the patient.

Bill AB 2747 represents the new strategy for Compassion & Choices, the leading euthanasia lobby group in the U.S.A.

Compassion & Choices has been unsuccessful in the last few years to legalize assisted suicide in California.

By mandating that palliative care become abused by the promotion of terminal sedation and dehydration for those who are not nearing death, they will achieve a significant part of their final goal of legalizing euthanasia.

Bill AB 2747 is simply unnecessary. The use of terminal sedation for people who are actively dying or experiencing intractable pain is considered an ethical option by nearly everyone. Access to good palliative care information and services are not legislative issues but rather budgetary issues.

This bill is about mandating the right to die by dehydration for people who are not near to death and who are not suffering from intractable pain.

This means that people who want to legalize euthanasia are in fact settling for half of their goal with the hope that once death by dehydration becomes a common procedure, people will then demand death by injection because it is in fact a more compassionate way to die.

Californians need to recognize what Bill AB 2747 will mandate euthanasia by omission. This bill directly threatens the lives of the vulnerable.

It must be strenuously opposed.

Canadian Futile Care doctor quits hospital rather than treat patient

By Wesley Smith

I have reported on the futile care lawsuit involving Samuel Golubchuck previously. For those who may not recall, Golubchuck is a terminally ill elderly patient being treated in a Winnipeg Grace hospital's ICU. Doctors want to refuse life-sustaining treatment. The family--citing religious reasons (they are Orthodox Jews) and believing that Mr. Golubchuck would want treatment to continue--sued and won a temporary injunction requiring his life to be maintained.

Now, the doctor who wanted to impose his values on the patient and family by forcing Golubchuck off of a respirator and feeding tube has resigned rather than continue treatment. I have no trouble with that so long as there is continuity of care. But the following comment by the head of an ICU should alarm everyone.

Dr. Dan Roberts, director of the medical intensive-care unit at Winnipeg's Health Science Centre, said he is sympathetic with Kumar's decision. "I think it's very difficult under the circumstances to continue to have to provide care with the only intent to extend the life of a dying patient," he said.

Gee, extending the lives of dying patients used to be a primary purpose of medicine--at least when that is what the patient/family wanted. And let's not fail to connect the dots here to the Oregon woman refused chemotherapy by Oregon's rationed Medicaid plan but told the state would cover the costs of her assisted suicide. What we see developing before our very eyes is the creation of a disposable caste of people.

But the man seems so sick! I have been involved either

publicly or privately in too many of these kind of cases to accept what the hospital spokespeople say about Mr. Golubchuck's condition at face value. If they are accurate, I would probably make a different decision than this family has. But those are my values. When it comes to extending life, I don't think the patient's values should be trumped by those of strangers--no matter how well motivated they might be.

If the doctors/bioethicists prevail in this case, if they can force a man off of life support in pursuit of the institution's values, it is the end of patient autonomy. Better stated, it would transform patient autonomy into a one-way-street: If you want to die by refusing treatment (or perhaps requesting euthanasia), patient autonomy rules! Otherwise, we reserve the right to refuse service.

For continuous updates on issues

go to our website or Alex's Blog at:

www.euthanasiaprevention.on.ca

www.alexschadenberg.blogspot.com

Suicide websites and chatrooms could be closed down in the UK

By Alex Schadenberg

Madeleine Moon, Australian MP (Bridgend in South Wales), is asking her government to amend the 1961 law that forbids suicide counseling by making it illegal to counsel or promote suicide via the internet, email or other communications devices.

There have been 20 recent suicides in South Wales that are believed to have involved suicide sites or suicide chatrooms.

Currently the law is interpreted as forbidding only face-to-face suicide aiding, abetting or counseling suicide.

Moon stated that “these websites are horrendous. They push people to kill themselves and tell them how to do it.”

Vernon Coaker, the Home Office Minister told the justice committee that the government was determined to act.

He stated that: “Aiding and abetting suicide, online or offline, is illegal. Something should be done about it and they

(websites) should be taken down.”

A Ministry of Justice spokesman said: “There are difficulties, as many of them are based overseas, but we’re considering whether the law can be strengthened.”

At the same time, Japan is being hit by more horrific suicide deaths in connection to suicide websites (see article below).

There have been at least 182 cases since late March in which people have killed themselves following instructions on the internet that explain how to mix household chemicals to generate hydrogen sulphide gas.

Every nation needs to outlaw suicide promoting websites in a similar manner as Australia did a few years ago.

If the UK strengthens their laws concerning suicide websites, momentum will be started for Canada and the other commonwealth nations to follow suit.

Japan looks to lower suicide rate

By Alex Schadenberg

Japan is reviewing its guidelines aimed at reducing the number of suicides in Japan and hopes to reduce the suicide rate by 20 percent by 2016.

Japan has been plagued by more than 30,000 suicide deaths each year over the past 10 years. According to the United Nations they have the 9th highest suicide rate in the world.

Recently the Japanese government asked internet providers to shut-down websites that promote suicide and suicide methods, such as hydrogen sulphide on the internet after their was a rash of suicides committed using these techniques in the past few months.

Chief Cabinet Secretary Nobutaka Machimura said “It’s outrageous that something that seems to promote suicide is widely available on the Internet. There is freedom of expres-

sion but it must be accompanied by responsibility. These things shouldn’t go unregulated.”

The Australian government passed a law prohibiting the promotion and counseling of suicide on the internet a few years ago in response to the work of Dr. Philip Nitschke, the Australian Dr. Death, who was providing suicide and counseling people to commit suicide via the internet.

I recently attempted to find the suicide-promoting websites on the internet. To my dismay, I easily located and opened a website that gave me complete, easy-to-follow instructions to commit suicide through the use of everyday household chemicals.

All western nations need laws that protect vulnerable depressed and mentally incompetent people from falling victim to the euthanasia lobby who are promoting suicide assistance and euthanasia (right to die) as a human right.

DON'T MISS IT!

“DEATH MAKING” – Canada’s National Euthanasia Symposium

October 24-25 in Winnipeg, Manitoba

Featuring: *Not Dead Yet* founders **Diane Coleman** and **Stephen Drake**,

Palliative Care experts **Dr. Margaret Cottle** and **Dr John Scott**,

Disability leaders **Jim Derksen** and **Rhonda Wiebe**, **Dr. Mark Mostert** on eugenics,

Legal Experts **Hugh Scher** and **Neil Kravesky**,
and **Alex Schadenberg**.

Location: Victoria Inn Winnipeg - 1-877-842-4667

Registration: \$99 regular, \$69 Students or Persons with Disabilities.

Click Here for Registration Form or call toll free: 1-877-439-3348.

Washington State Initiative I-1000**The initiative to legalize assisted suicide in Washington State appears to be gaining ground**

The Death With Dignity I-1000 campaign in Washington State has raised more than one million dollars to legalize assisted suicide by means of a plebiscite. The Death With Dignity campaign has received significant support from the national “right to die” lobby group Compassion & Choices, who are working to raise money on a national and regional basis. They also have the former governor of Washington State, Booth Gardner, as their lead campaigner.

The Coalition Against Assisted Suicide has not raised \$100,000 yet and they have very few large donors supporting their campaign.

To operate an effective campaign, the Coalition Against Assisted Suicide will require a few million dollars to enable them to run media advertising and be able to organize a “get out the vote” campaign.

Rita Marker, the long time leader of the International Task Force has discovered that the Compassion & Choices lobby group has developed an “Oregon plus one” plan for imposing assisted suicide throughout North America.

Under the “Oregon plus one” plan, every affiliate of Compassion & Choices and the other “right to die” lobby groups have agreed to pour their money into the Washington State campaign. They are convinced that if they legalize assisted suicide in one more State, the momentum will give them the

ability to legalize assisted suicide in many places in a very short period of time.

Everyone who opposes assisted suicide, whether they be disability rights activists, palliative care professionals, pro-life supporters or anyone else, needs to help the Coalition Against Assisted Suicide campaign in Washington State.

Initiative I-1000 supporters are currently collecting signatures in Washington State. Since they have spent considerable money on paid signature collectors, I expect that they will achieve their goal of collecting 300,000 signatures resulting in the required 226,000 valid signatures.

We cannot wait until the signature campaign is verified before we start to raise the needed money to oppose Oregon-style assisted suicide in Washington State.

The Coalition against assisted suicide in Washington State must become the priority for everyone who opposes assisted suicide.

Please contact the Washington State Coalition Against Assisted Suicide and make your commitment today.

Contact them at:

Coalition Against Assisted Suicide
P.O. Box 11794, Olympia WA, 98508

Phone: 206-337-2091,

Email: info@noassistedsuicide.com,

Website: <http://noassistedsuicide.com>

Jocelyn Downie declares Manitoba doctors do not have the right to remove life-sustaining treatment against the wishes of the patient

By Alex Schadenberg

Jocelyn Downie, the Canada Research Chair of Health Law and Policy, has made known her position that doctors do not have the legal right to withdraw life-sustaining medical treatment against a patient’s wishes.

In an address at the End-of-Life Ethics & Decision-Making conference at the University of Manitoba in Winnipeg, Downie stated that there is no legal precedent in Canada that gives doctors the authority to remove a feeding tube or issue “do not resuscitate” orders against a patient’s wishes.

Thus, she directly contradicted the statement of the College of Physicians and Surgeons of Manitoba who assert in their February 1, 2008 policy statement that a physician could unilaterally decide to remove life-sustaining treatment, including fluids and food, in certain circumstances.

The Statement said that even when a patient is likely to regain a level of self-awareness, that the physician could still withdraw life-sustaining medical treatment if the doctor has agreement from at least one other physician. If the family

disagrees the doctor must seek agreement with the family, but if agreement cannot be achieved the doctor must give 96 hour notice before removing life-sustaining treatment, including fluids and food.

Downie said that the guidelines need to be revised because they go too far. Doctors can’t medically determine whether a life is worth living. “I think it’s taking too much authority for physicians and I don’t think it’s legally acceptable or ethical,” stated Downie.

The College of Physicians and Surgeons stated that Manitoba courts have recognized a doctor’s power to pull the plug on a patient without the consent of the patient or their family. The college’s registrar said: “Basically, we disagree with her.”

The comments made by Downie may also affect the case of Samuel Golubchuk, an orthodox Jewish man who’s family is seeking to have his life-sustaining treatment continued while Grace Hospital in Winnipeg is seeking to withdraw it.

Jocelyn Downie is also one of Canada’s leading proponents of legalizing euthanasia and assisted suicide.