



# Euthanasia Prevention Coalition

## NEWSLETTER

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### “I-1000” passes in Washington State making it the second state to legalize assisted suicide

By Alex Schadenberg

Voters in Washington State have passed “I-1000,” thereby legalizing “Oregon style” assisted suicide in their state. The initiative passed by 58 percent.

Exit polling data shows that people who identified themselves as conservatives opposed assisted suicide by 66 to 34 percent, liberals supported assisted suicide by 81 to 19 percent and moderates supported assisted suicide by 63 to 37 percent.

Voters who identified themselves as Christian, either Protestant or Catholic, were divided 50-50 on the necessity of

legal protection for the vulnerable in our society.

Opponents of assisted suicide realize how grave a decision Washington State voters have made.

Assisted suicide directly threatens the lives of the most vulnerable people in our culture – people with disabilities the dependent elderly, those who live with depression and mental illness and others. It is they who will be directly threatened by assisted suicide in Washington State.

People who believe that I-1000 will not lead to a slippery slope should read the comments by Ted Goodwin, President of the Final Exit Network, in a press release on November 5, 2008:

Although the supporters of Initiative I-1000 are delighted that Washington becomes the second state to pass a “Death with Dignity Act”, there is much more to be done.

We congratulate all those who worked so hard to achieve this important right for Washington’s citizens, and we applaud the citizens of Washington State for making the right choice. Final Exit Network and its members supported passage of this landmark initiative by donating to the advocacy effort spearheaded by Washington Death with Dignity and former Governor Booth Gardner. However, the job is not finished.

Although, like Oregon’s “Death with Dignity Act,” I-1000 gives doctors the authority to prescribe a lethal dose of medications to terminally ill individuals under strict controls. It condemns to continued suffering as many as 40% of those who desperately want to end their life because of intolerable suffering but cannot under the law because their illness is not diagnosed as “terminal”.

“Unfortunately,” many patients do not meet I-1000’s strict criteria. Individuals with neurological illnesses such as Parkinson’s disease, Multiple Sclerosis, Muscular Dystrophy, Amyotrophic Lateral Sclerosis (Lou Gehrig’s disease) and Alzheimer’s disease often lose the reason and will to live long before their disease qualifies as ‘terminal’. For these individuals, neither I-1000 nor the Oregon law go far enough. That is why Final Exit Net-

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### Private members bill to legalize euthanasia and assisted suicide will be re-introduced in Canada

Canadian MP Francine Lalonde BQ (La Pointe-de-l’Île) stated at the World Federation of Right to Die Societies Conference in Paris France, Oct 29 - Nov 2, 2008, that she intends to re-introduce her private member’s bill to legalize euthanasia and assisted suicide at the earliest possible opportunity.

Lalonde was one of the speakers at the World Federation of Right to Die Societies conference.

Lalonde was proud to be a leader of the delegation of the newest member group of the World Federation, the: AQDMD (Association Quebécoise pour le Droit de Mourir Dignement - Association for the Right to Die with Dignity of Quebec)

In her speech to the Paris conference she spoke about her experience with cancer. She also spoke about the growth of the right to die movement in Quebec. She suggested that support for euthanasia is strongest in Quebec and she expects to see more cases in Quebec.

Lalonde said she is committed to legalizing euthanasia and assisted suicide and her party supports her position. We will soon know when Lalonde’s next private members bill will be introduced.

## Italian Court approves death by dehydration for Eluana Englaro

Italian politicians, Catholic leaders, and the family of Terri Schiavo have condemned the court decision to allow the feeding tube to be removed from Eluana Englaro, which would cause her to die by dehydration.

The judges rejected the appeal of a lower court ruling in Milan resulting in Eluana's father being granted permission to have his daughter's fluids and food removed.

Cardinal Baragan, head of the Pontifical Council for Health, stated, "to suspend hydration and nutrition in a patient in a vegetative state worsens his or her condition and leads to a terrible death by hunger and thirst."

The position of the Euthanasia Prevention Coalition is that removing fluids and food from Eluana Englaro is euthanasia by dehydration, because Englaro would die from intentional dehydration and not from a medical condition. Just because Englaro is cognitively disabled doesn't mean that she is not human and deserving of death by dehydration.

The Terri Schindler Schiavo Foundation stated in a press release:

"Italy's top appeals court upheld a July ruling allowing a father to remove basic care – food and water – from his 35-year-old daughter.

"Eluana Englaro has been receiving food and water via a feeding tube since a 1992 car crash that left her with a brain injury. Her father, Beppino Englaro, has been seeking to end her life for nearly 10 years. Today's ruling will clear the way for Eluana to experience a barbaric and inhumane death by starvation and dehydration."



Eluana Englaro prior to the 1992 accident that left her in a state of minimal consciousness.

Bobby Schindler stated in July 2008 that

"This court's ruling seems to indicate that American 'medical ethics' are spreading like a virus among the international community, threatening countless numbers of elderly, ailing and disabled persons in an increasing and alarming way."

"Our heart goes out to this family as we know very well the profound affect that these types of injuries can have on loved ones. However, we must remember that we have a grave obligation to do all we can to protect those with disabilities, recognizing that a person with a brain injury is a human being with an inherent dignity and a right to life. This young girl needs only food and water

and her family's love to survive. At the very least this should be provided to her."

At the time of publication of this newsletter, it is reported that the nuns who run the hospice in which Eluana has been living for 14 years have refused to carry out the court order to remove her food and hydration tube. In a letter published in *Avvenire*, the daily newspaper of the Italian Bishops Conference, the Misericordine nuns of Lecco said, "Our hope, and that of many like us, is that the death by hunger and thirst of Eluana, and others in her condition, will not be carried out."

## Washington DC Hospital Sues to Remove 12-year-old Boy from Life Support

With many similarities to the Winnipeg case of Samuel Golubchuk, the Children's National Medical Center has initiated a legal battle with the family of a 12-year-old boy, to discontinue life support.

Eluzer & Miriam Brody, the parents of 12-year-old Motl Brody, are trying to prevent the hospital from taking their son off life support.

The Brody family who are orthodox Jews, have retained a lawyer, stated that the boy's circulatory and respiratory systems are functioning, even though they require mechanical assistance.

The hospital stated in their filing to the D.C. Supreme Court that: they extend their sympathy to the family but "scarce resources are being used for the preservation of a deceased body."

Jeffrey Zucherman, the lawyer for the Brody family stated: "Under Jewish law and their faith, there is no such thing as brain death and their religious beliefs are entitled to respect."

Sophia Smith, one of the boy's physicians wrote in court papers, "This child has ceased to exist by every medical defi-

nition." She added that the staff members are: "distracted at what is providing futile care to the earthly remains of a former life."

Zucherman stated that he is challenging the hospital's plans on grounds that the family's religious beliefs must be respected under federal law. He said:

George Annas, a law professor at Boston University who specializes in health law and bioethics stated, "The case law is clear: once you are dead, you are dead."

Annas added that New York and New Jersey have provisions in law that make exceptions in similar instances for Orthodox Jews but DC does not.

The Euthanasia Prevention Coalition recognizes that these are very difficult cases. Someone who is actually dead should be treated with dignity, but 'let go'. But we must always give the benefit of the doubt, especially when futile care rules are used to pressure families to prematurely stop medical care often based on cost containment principles and 'Peter Singer' ethics.

## Washington I-1000 (continued from page 1)

work pledges, until laws protect the right of every adult to a peaceful, dignified death, Final Exit Network will be there to support those who need relief from their suffering today!

The Network's Exit Guide Program is available nationwide, With the Network's compassionate guidance and support, physically and mentally competent adults in all fifty states are free to exercise their last human right - the right to a peaceful, dignified death. Final Exit Network is the only organization in the United States that will support individuals who are not "terminally ill" - 6 months or less to live - to hasten their deaths. No other organization in the US makes this commitment.

Goodwin is saying that their goal is to eliminate all barriers to euthanasia and assisted suicide.

He is also saying that they will continue to subvert the laws in the other 48 states in the U.S. as well as offer assisted suicide to people who do not qualify for legal assisted suicide in Oregon and Washington.

Goodwin and other leaders in the euthanasia lobby will continue to push for changes until they have achieved their final goal - "death on demand."

The Final Exit ideology appears different from, but is actually similar to that of the Compassion & Choices lobby group who led the I-1000 assisted suicide initiative.

Compassion & Choices, the leading euthanasia lobby group, focus on spreading assisted suicide in an incremental fashion. Compassion & Choices will focus on the next State initiatives to legalize assisted suicide. Those initiatives may include another ballot initiative or they may first attempt another legislative proposal.

Once Compassion & Choices succeeds in having assisted suicide legalized in many states, they will then focus on expanding its application through legislative changes to existing statutes or through the courts.

Wesley Smith commented on the lack of financial support received by the Coalition Against Assisted Suicide compared to the Right to Die lobby:

Meanwhile, the opposition to assisted suicide is generally starved for funds, marginalized in the popular media, and as a consequence, always stuck in reactive mode when we need to be proactive.

But we can't do it alone. If people and foundations wish to stop this juggernaut, they are going to have to do what proponents have done and step forward and give those of us willing to give our all to fighting the death culture the resources we need to compete. If they don't, there will be more Washington States.

Anyone who still says "it can't happen here," isn't paying attention. It is happening here, and it will happen here increasingly unless there is a greater commitment shown by those with means who oppose these agendas to reversing the current course.

Link to Wesley Smith's blog at: [www.wesleyjsmith.com](http://www.wesleyjsmith.com)

For further analysis of the Washington State I-1000 assisted suicide Initiative go to the International Task Force on Euthanasia and Assisted Suicide: [www.internationaltaskforce.org](http://www.internationaltaskforce.org)

The Euthanasia Prevention Coalition will continue to build a unified and organized effort of groups and individuals who are working to create a cultural barrier to euthanasia and assisted suicide while stemming the tide of the euthanasia lobby.

It is very difficult to organize and unify our efforts when we lack the necessary funds to build a stronger and more inclusive infrastructure.

Smith is correct. You will need to decide whether you are willing to invest in our work. Your support will enable us to build an effective opposition to the juggernaut of the euthanasia lobby.

### *It is your decision.*

We know that the euthanasia lobby will continue to push their radical agenda until the right to die, becomes a duty to die.

Society needs to focus on Caring solutions to end-of-life concerns and reject killing.

To join or support the Euthanasia Prevention Coalition, contact us. Our website is at [www.epcc.ca](http://www.epcc.ca); e-mail: [info@epcc.ca](mailto:info@epcc.ca); call toll free: 1-877-439-3348.

## ***“NEVER AGAIN”*** SECOND INTERNATIONAL SYMPOSIUM ON EUTHANASIA AND ASSISTED SUICIDE

**May 29-30, 2009**

**P**lan to attend the Second International Symposium on Euthanasia and Assisted Suicide entitled “*NEVER AGAIN*” at the National Conference Center (close to Dulles International Airport and Washington DC). Co-sponsors are the Euthanasia Prevention Coalition, Physicians for Compassionate Care, Not Dead Yet, the Care Not Killing Alliance and No Less Human in the UK.

This event will follow on the success of the First International Symposium, held in Toronto, which featured almost every leader on the issues of euthanasia and assisted suicide.

We have already received commitments from leading speakers in the UK, the Netherlands, Belgium, the U.S.A. and Canada.

***This will be the most important conference held to date on euthanasia and assisted suicide.*** You will leave with important information about the current issues and a clear understanding of how we are proceeding.

## Landscape evolves for assisted suicide

By Alex Schadenberg

An article by Jane Gross in the *New York Times* (November 10) examines the landscape or the changes in relation to the issue of assisted suicide since 1991 when Dr. Timothy Quill published an account of his role in the death of one of his patients.

The article makes some points that need to be examined further if we are to respond effectively to future initiatives to legalize assisted suicide.

The article describes the conditions for assisted suicide in Oregon and Washington:

“State residents requesting this assistance must be mentally competent, have six months or less to live according to two physicians, wait 15 days after their request and then repeat that request orally and in writing. They must be capable of administering medication themselves and agree to counseling if their physicians request it. The patients also must be told of alternatives.”

Dr. Quill, who is the director of the palliative care program at the University of Rochester, is quoted as saying, “these options have gained acceptance over the past decade.”

The article comments on the 1997 Supreme Court ruling, as follows:

“there was no constitutional right to physician-assisted suicide and upheld a prohibition against it. But in the ruling, the justices conceded that terminally ill patients were entitled to aggressive pain management, even if opiates or barbiturates had the ‘double effect’ of hastening death.”

The statement concerning the “double effect” principle is inappropriately worded because the use of opiates or barbiturates for the aggressive management of pain when it is not intended to cause death, and therefore when properly administered, should not be associated with assisted suicide.

A physician should not consider the “double effect” principle as an open window to euthanasia because that is an abuse of its proper use.

The article quotes Quill concerning the options that

should exist before one considers what he would call the “last resort” of assisted suicide:

“all terminally ill patients should have access to palliative care, both to relieve pain and other symptoms and to provide emotional support to patients and families.”

But it must be stated that when palliative care is not accessible for all people needing pain and symptom management, then assisted suicide is an abuse of the vulnerable person who is actually seeking relief from their suffering, not assisted suicide.

Quill recommends that a palliative care consultation be mandatory before anyone considers a “last resort” measure. Quill suggests that other options be made known to the patient, such as:

- Pain management so aggressive that it may well hasten death, although that is not the primary intention. (This is the doctrine of “double effect.”)
- Invoking a patient’s right to forgo life-sustaining therapies or discontinue them.
- Voluntarily stopping eating and drinking. (Dr. Quill believes this is a “more morally complex” choice because over the last decade the practice has expanded beyond those with end-stage cancer or Alzheimer’s disease who often lose interest in food or forget how to eat and drink to people who are not “actively dying” but nevertheless have had enough of disability or dependence).
- Sedation to the point of unconsciousness. (Although it was endorsed this year by a panel of the American Medical Association, Dr. Quill called it the “last, last resort.”)

Quill does not acknowledge that people who voluntarily stop eating or drinking when they are not “actively dying” are often people who are suffering from undiagnosed clinical depression. Physicians should uphold a pledge that they will “do no harm” which should include protecting the vulnerable.

The primary concern around the sedation of a person to the point of unconsciousness is that usually sedation includes the intentional dehydration of the person. It is sometimes necessary to sedate a person to the point of unconsciousness in order to relieve their neuropathic pain, but to intentionally dehydrate a person, who is not otherwise dying, is euthanasia by dehydration.

The article is correct when it states that the landscape has changed in relation to assisted suicide. What has not changed is the effect assisted suicide has on the attitude and treatment that is offered to people at the most vulnerable time of their life.

The question whether we need to strive for a culture that solves its difficult human problems by caring for the patient or a culture that solves its most difficult human problems by killing the patient?

*I choose to care.*

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

This is a legal document that gives you a simple, effective way to protect yourself if you become incapable of making medical care decisions for yourself.

The definitions provided in this document are important. The re-design makes the document easier to use.

**Go to our website and follow the links**

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