



# Euthanasia Prevention Coalition

## NEWSLETTER

Number 94

February 2009

### Death in Thunder Bay - the Fonteece Case

Sometimes the media gets it right and other times, like the Fonteece case, where I just need to scratch my head and wonder. The media called me for quotes on the Fonteece case appearing to be creating an issue rather than reporting.

What is known about the Fonteece case?

We know that Peter and Yanisa Fonteece were unemployed and traveling west with the hope of finding employment in British Columbia.

We know that their car broke down in Thunder Bay and they stayed at the Super 8 Motel for four days.

We know that Mr. Fonteece called 911 in the early morning of February 6. Emergency services arrived and found his wife dead. Paramedics did not attempt to resuscitate her because she had been dead for awhile.

The police gathered information, questioned Mr Fonteece,

and charged him with criminal negligence causing death, and assisted suicide.

The Kitchener Waterloo Record reported that the Fonteecees moved out of a low-rise apartment building on January 31 after living there for more than a year. The building superintendent stated that "they had given two months' notice and seemed healthy as they packed up."

The UPI International reported that the autopsy found "There was no immediate indication Yanisa Fonteece suffered from any sort of disease." Results from the toxicology tests could take several weeks.

Wesley Smith commented on his blog: "Let's assume... that Yanisa was just sick of living because of hard times and

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### — "NEVER AGAIN" —

#### The Second International Symposium on Euthanasia and Assisted Suicide

*Become part of the Strategy and learn how to stop the euthanasia lobby in America and world-wide.*

The theme for the Second-International Symposium on is: **Never Again**. The International Symposium is designed to build an effective, unified and focused group of organizations and individuals to stop the euthanasia lobby.

The International Symposium is May 29 - 30, 2009 at the National Conference Center - 18980 Upper Belmont Pl. Landsdowne Virginia 20176, near the Washington DC - Dulles Airport.

#### The Co-Sponsors are:

Euthanasia Prevention Coalition, International Task Force on Euthanasia and Assisted Suicide, Compassionate Health Care Network, (US groups - Not

Dead Yet, Physicians for Compassionate Care, Terri Schindler Schiavo Foundation, Institute for the Study of Disability and Bioethics, Vermont Alliance for Ethical Health Care), (UK groups - ALERT, Care Not Killing Alliance, No Less Human).

#### The Speakers include:

Rita Marker, Wesley Smith, Diane Coleman, Stephen Drake, Dr. William Toffler, Dr. Bob Orr, Dr. Mark Mostert, Dr. Ian Dowbiggin, Randy Richardson, Bobby Schindler, Eileen Geller, Margaret Dore, Elizabeth Wickham, Alison Davis, Dr. Peter Saunders, Colin Harte, Lionel Rosemont, Alex Schadenberg.

**The registration cost for the Symposium is \$199 regular or \$139 for a student or a person with a disability.** Due to credit card costs, please consider paying for your registration by cheque.

The room rate at the National Conference Center is: \$139 regular room, \$179 for a suite (plus all taxes). Online registration can be accessed online by finding the link at the registration section of our website at: [www.epcc.ca](http://www.epcc.ca)

The registration and room rate includes the cost for all meals and refreshment breaks on May 29 - 30. The room rate will change at the Conference Center on days before or after the International Symposium.

*A webpage dedicated to the Symposium can be accessed from our website [www.epcc.ca](http://www.epcc.ca)*

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

Tel 1-877-439-3348 / 519-439-3348 • Fax 519-439-7053 • [info@epcc.ca](mailto:info@epcc.ca) • [www.epcc.ca](http://www.epcc.ca)

## Cashing in on Despair -

### *Is the Dignitas Suicide clinic a profit-obsessed killing machine?*

Based on an article by Allan Hall in the Daily Mail, January 25, 2009, which investigated the claims of a former Dignitas employee who has accused the Dignitas founder of being obsessed with profit and not with dignity.

When Soraya Wernli accepted a job with the Dignitas assisted suicide clinic in Switzerland, she thought she was being hired to be a “companion” to assist people in their final journey to the “other side.”



Soraya Wernli

She anticipated that her job would involve paperwork, words of comfort, a gentle hand for those about to end their pain-filled lives. This is the work that she was

signing up for when she agreed to work for Minelli.

She claims that:

“just a few days into the job, he (Minelli) asked me to sort through the stuff in these plastic bin liners clogging the stairs.”

Minelli told her to “empty the sacks onto a long table ... and sort through everything.”

In the sacks, Wernli found mobile phones, handbags, ladies’ tights, shoes, spectacles, money, purses, wallets, jewels, and more.

Minelli had his “patients” sign forms saying the possessions were now the property of Dignitas. He then sold everything to pawn shops and second-hand shops.

Wernli felt disgusted. As a nurse and a former care worker for the elderly, she was no stranger to death and she supported assisted suicide.

Wernli worked for the Dignitas assisted suicide clinic in Zurich for two and a half years. During that time she came to believe that Dignitas was less about ethical euthanasia for the terminally ill and more of a money-making machine for Minelli.

Since leaving the Dignitas clinic in March 2005, Wernli has launched lawsuits, acted as an undercover informant for the police and she is now writing a book to expose the “production line of death concerned only with profits” at the Dignitas clinic.

Dignitas has been involved in at least 1,000 assisted suicide deaths since its founding. Minelli, a retired lawyer and founder of Dignitas, operates the suicide clinic as the bookkeeper, the secretary general, chief accountant, and gatekeeper of the organisation.

While working for Dignitas, Wernli assisted in the suicides of 35 persons. And she was well paid, making £4,500 (British pounds) per month.

The first location for Dignitas was a small apartment in Gertrudstrasse, Zurich, where access was only possible via a small elevator. This meant that people going into the apartment building and bodies going out of the apartment building needed to use the same elevator.

“The room where people were to die was often filthy, because Minelli skimped on the cleaning bills,” Wernli said. “Often there would be shoes or underwear or some other deeply personal item of an earlier victim lying beneath the bed or around the room. It was shameful.”

Wernli stated that Reginald Crew was her first assisted suicide. She stated, “Mr. Crew arrived in the morning and was dead just hours later. ... I argued that it wasn’t right that people land at the airport, are ferried to his office, have their requisite half-hour with a doctor, get the barbiturates ... and are then sent off to die.”

She said that she told Minelli, “This is the biggest step anyone will ever take. They should at least be allowed to stay overnight, to think about what they are doing.”

Minelli would have none of it, she said.

She claims that he once said that if he had his way, he would have vending machines where people could buy barbiturates to end their lives as easy as buying a soft drink or a bar of chocolate.

When asked about the assisted suicide of Daniel James, Wernli said that he was by no means “the first person to have been helped to die who wasn’t terminally ill.”

Wernli described the case of Robert & Jennifer Stokes from the U.K., who were in their 50s. Both had a history of mental illness and failed suicide attempts. They did claim to be suffering from chronic conditions but neither one was dying and yet Dignitas assisted their suicides.

Wernli claims that she argued with Minelli that double suicides should never be sanctioned. She was concerned that one partner may want to die simply because he or she cannot cope with being alone. Later, she learned that Minelli continued the practice of double suicides with another of the workers carrying out those assisted suicide deaths.

The case of Martha Hauschildt was another concern for Wernli. She explained that Hauschildt paid Minelli 200,000 Swiss francs for her assisted suicide whereas most of the time the people were charged £7,000 (GBP) for an assisted suicide and funeral. Many wealthy people bequeathed “vast sums” to Minelli in their will. Minelli paid the doctors 500 Swiss francs for each assisted suicide prescription.

It was the gruesome 70-hour death of Peter Auhagen that ended Wernli’s career with Dignitas and caused her to agree to be a secret informer for the police who were investigating Minelli.

Usually, Minelli used a lethal dose of barbiturates to assist suicides but in the case of Auhagen, Minelli decided to test a “suicide machine” that the patient controlled the administration of drugs. Wernli said that: “the machine had a fault which meant it couldn’t pump all the poison into his system. The man was partially poisoned, in agony and thrashing around in a coma, frothing at the mouth and sweating. ... It was a terrible thing to witness, and I knew it could not go on.”

Wernli recounts that Auhagen was

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## Death by mail in Montana

In our last newsletter, we reported that Judge Dorothy McCarter legalized assisted suicide in Montana by judicial decree.

Rita Marker from the International Task Force on Euthanasia and Assisted Suicide was quoted in the following story on [www.onenewsnow.com](http://www.onenewsnow.com).

“Physician-assisted suicide is legal now in Montana, although the court ruling legalizing it is under appeal.

“Doctor-assisted suicide is legal in Oregon and Washington, but Rita Marker of the International Task Force on Euthanasia and Assisted Suicide says what sets the situation apart in Montana is that the ruling has no boundaries or safeguards.

“So you have a situation where even the flimsiest, and really pretty useless, safeguards that are in the Oregon law and in the Washington law, when it goes into effect next month -- those aren’t even in place in Montana,” she explains. “So you pretty much have something wide open.”

“Marker believes the law will be used frequently in Montana. ‘Of all the states, [Montana] has the highest suicide rate in the entire nation,’ she notes.

“She says the court’s decision makes it too easy on terminally-ill residents who want to die. ‘They can phone in their request, and then a pre-

scription for a lethal overdose could be mailed to them,’ Marker adds.

“The court’s action could be considered judicial activism among other things, according to Marker. ‘It’s judicial activism, judicial malpractice, judicial arrogance – all of those things,’ she concludes. ‘Without question.’”



Rita Marker

### Comment by Alex Schadenberg:

There have been legislative bills to legalize assisted suicide in Hawaii and New Hampshire. A bill was introduced in Montana to codify the McCarter decision into law, but it died in the legislature.

Wesley Smith commented on his blog that the McCarter decision was the first time in which the advocacy slogan “death with dignity” has been raised to a constitutional principle. “This is an overarching decision.”

Recently the Wyoming legislature rejected a legislative attempt to clarify that assisted suicide is illegal in that state.

Plan to attend the Second-International Symposium on Euthanasia and Assisted Suicide. It is designed to create an effective, organized and focused opposition to the efforts of the death lobby on a world-wide basis.

**the Montana court’s decision makes it too easy on terminally-ill residents who want to die.**

We need people to become involved in every state, province and country to stop the euthanasia lobby.

Don’t wait until it’s too late.

### Cashing in on Despair - (Continued from page 2)

still alive. She called Minelli who then came by and after a heated discussion he told the family to go for a walk and then someone administered the drugs by injection. Wernli claims that Minelli kept a supply of drugs in his personal office in case of an emergency.

Nearly four years after she left her employment with Dignitas, the assisted suicide clinic remains open. Current employees are made to sign a privacy agreement to end any further leaks of information.

Wernli has not given up on her hope to close the Dignitas clinic. She stated, “this is Switzerland, and things move slowly, if at all. All I can promise is that I will not stop speaking out because Dignitas must be stopped.”

### Fonteece Case

(Continued from page 1)

asked her husband to help her die: If it would be okay for him to do the deed ... After all, isn’t the “right to die” about a purported sacrosanct liberty to determine the time, manner, and place of one’s own death? Once that principle is accepted, the details become minutia, because one person’s bearable difficulty is another’s unbearable suffering.

The National Post quoted Martin Frith from Dying With Dignity, a group that is dedicated to legalizing assisted suicide, as saying: “It’s really problematic that in the absence of a law that would actually allow for assisted dying. We have situations where well intentioned family members who are supporting a mature, competent adult

runs the risk of being charged with assisted suicide.”

The Toronto Sun quoted EPC’s Alex Schadenberg as saying: “It’s understandable in the current economic downturn that people would become desperate.”

The law is there to protect vulnerable people. Nobody should directly and intentionally assist in another person’s taking his or her life. That is a line we should never cross.

It is difficult to comment on the Fonteece case, until further information is released. Nonetheless, it is clear that this is not a typical assisted suicide case and it is more likely that Yanisa Fonteece lost hope in difficult economic times.

## Keep ban on assisted suicide, say U.K. doctors

A survey carried out by GP magazine in the U.K. received a response from 460 GPs whether or not they supported legalizing euthanasia in their country. More than 60 per cent of the GPs want euthanasia to remain illegal, while 38 per cent said they wanted the ban lifted.

The last time major attempts were made to legalise euthanasia, doctors specialising in end-of-life care were overwhelmingly opposed.

The new survey results suggest that there is growing support for a change in the law.

A survey of members of the Association for Palliative Medicine in 2006 found that 94 per cent were against any change in the law.

A similar poll by the Royal College of Physicians in 2006 showed that 73 per cent of its members also opposed legalizing assisted suicide.

A spokeswoman for Dignity in Dying, formerly the Voluntary Euthanasia Society, said the new numbers could make a law change “plausible”.

She said: “At the very least, the British Medical Association (BMA) should have another debate and change its stance to neutral.”

In 2005 the BMA changed its position to neutral on assisted suicide, but in 2006 the BMA overwhelmingly supported a position opposed to assisted

suicide.

Dr Tony Calland, chairman of the ethics committee of the BMA, said: “The BMA has made it absolutely clear that it does not support any change to laws surrounding euthanasia.

“There has been a debate twice in parliament and at the annual BMA con-

**“making the practice legal could put vulnerable patients under pressure to end their lives.”**

ference.

“The last BMA debate in 2006 quite clearly showed that the profession was against euthanasia.”

Similarly, a spokesman for the Royal College of General Practitioners said: “The college firmly believes that with current improvements in palliative care, good clinical care can be provided within existing legislation.”

“A clear decision has been reached by our council B we do not support a change in legislation that would permit assisted dying.”

Dr Calland warned that making the practice legal could put vulnerable patients, worried about becoming a burden on carers, under pressure to end their lives.

There are also concerns that patients seeking assisted suicide may be suffering from treatable depression.

Researchers in the U.S. state of Oregon, where assisted suicide is legal, found last year that some patients seeking assisted suicide met the criteria for depression but were still prescribed lethal drugs.

Palliative care expert Dr David Jeffrey is strongly opposed to the idea of allowing doctors to help patients end their lives.

He said last year that the real question is whether the small group “who have an exaggerated need for control” should be able to demand the help of medics to commit suicide.

Writing in the BBC’s “Scrubbing Up” online column, Dr Jeffrey said: “It is also commonly assumed that patients who carry out PAS (physician-assisted suicide) must be suffering terrible pain.

“However, the patients who use PAS in Oregon are generally not in pain, but wish to use PAS simply so that they can control the timing of their death.”

Dr Jeffrey points to plans for improvements in palliative care in Scotland, where an MSP is currently working on a bid to legalise assisted suicide.

He says, “Such legislation is not compatible with maintaining and improving the high standards of palliative care which exist in Scotland today.

“Palliative care values individuals to the end of their natural lives and strives to relieve suffering of patients and their families.”

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## *Eluana Englaro – Italy’s Terri Schiavo case*

The death of Eluana Englaro ends another sad saga of a person who is cognitively disabled being treated as a non-person whom society can intentionally dehydrate to death.

Englaro died 4 days after having her feeding tube that provided hydration and nutrition withdrawn. The autopsy suggested that she died of heart failure relating to dehydration.

The Euthanasia Prevention Coalition (EPC) responded to the death of Englaro by stating that:

“No matter what side of the euthanasia debate people take, it should be universally accepted that killing a person by dehydration, who is cognitively disabled and not otherwise dying, is not a compassionate or dignified way to die. There should be a universal condemnation of these inhumane acts.”

EPC then urged the Italian Senate to continue drafting legislation to prevent further intentional deaths by dehydration of people who are not otherwise dying.

EPC received many emails and calls that were asking for clarity concerning the death of Englaro. This is our response:

“To directly and intentionally dehydrate someone to death, who is not otherwise dying is euthanasia when death results from dehydration. When someone is nearing death and cannot assimilate or receive fluids and food or has a medical condition that becomes the cause of death, then it is not euthanasia.

“It is clear that euthanasia occurs when one intentionally and directly causes the death of another person for the purpose of relieving suffering.”