



Euthanasia Prevention Coalition

NEWSLETTER

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We'll live to regret suicide initiative

By Chris Carlson -
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(Reprinted with permission)

The state of Washington this week started down the slippery slope of incentivizing its citizens to kill themselves prematurely, with the implicit support of health insurance companies, and the connivance of some physicians, and even some hospitals, despite their supposed adherence to the Hippocratic Oath of doing no harm to people.

Fortunately, here in Spokane, the Providence System Hospitals (Sacred Heart, Holy Family) exercised their right under the voter-passed initiative to "opt out" by invoking a conscience clause. We'll see how long that lasts as the relentless forces of doom and death predictably are already attacking this right also.

Unfortunately, the state Department of Health, charged with developing regulations for implementing the new physician-assisted suicide initiative, merely (and blindly) adopted Oregon's regulations, which even a minimal review by an objective observer show to be inadequate and rife with problems.

Quite simply the department shirked its responsibility to protect our vulnerable populations (the aged, the infirm, the disabled, minorities) whose lives, make no mistake about it, could be terminated without their consent. Voters of this state bought into the false notion that this initiative would somehow ensure their right to choose to end their life

(a right already existing), but will soon discover they have empowered the state to appropriate that power to itself and others. This law would allow someone with your power of attorney to have you killed under the guise that you really

wanted to kill yourself.

To state it bluntly, voters endorsed something intrinsically wrong. The state should not be incentivizing people supposedly given six months or less to

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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 worldwide.**

The theme for the Second-International Symposium on is *Never Again*. This symposium will help us 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. Lansdowne Virginia 20176, near the Washington DC - Dulles Airport.

The Co-Sponsors of the Symposium 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 for the Symposium include:

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

Go to our main website and follow the links for the International Symposium -- www.epcc.ca

The room rate at the National Conference Center is \$139 regular room, \$179 for a suite (plus all taxes). Register online by following the links in the symposium registration section of our website at: 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.

Couple sues Quebec hospital for not dehydrating disabled infant daughter to death

A Quebec couple has launched a \$3.5-million lawsuit against Montreal Children's Hospital for allegedly putting their infant daughter back on hydration and nutrition without their consent.

Marie-Eve Laurendeau gave birth to Phebe Mantha at LaSalle Hospital in November 2007. After a difficult delivery Phebe was transferred to Montreal Children's Hospital in serious condition and put on life support.

According to the lawsuit, doctors informed Laurendeau and Phebe's father, Stephane Mantha, that their daughter had little chance for survival, that she would be blind and deaf and advised them to take her off respiratory support and hydration, to which they agreed.

Following removal of respiratory support, it Phebe could breathe on her own. The hospital's ethics committee then allegedly reversed the decision to withhold fluids and food from Phebe.

The couple's lawyer, Jean-Pierre Ménard, said the hospital's ethics committee violated Quebec law and that only the court should have the power to overrule the parents' decision.

"It is totally unacceptable ... Those people have imposed their view of the treatment to the parents," Ménard said at a press conference held by the parents.

"The doctors said that each time she was fed, the child suffered and they recommended letting her go and give her palliative care to control any discomfort," he said.

The parents said it was the worst decision they ever had to make but they could not see what kind of life Phebe would have." They believed that if their child could somehow consent, she would have agreed to have her life ended.

After two-and-a-half months in hospital, Phebe was alive and neither deaf nor blind, as doctors had predicted she would be. She does, have significant disabilities, including cerebral palsy, which reportedly requires constant care. Hospital officials told the parents they could take their child home, or she would be

placed in protective custody. They opted for the former.

Phebe is now almost 18 months old and, according to a CTV report, smiles at her parents. The parents say that Phebe's mother has had to quit her job to take care of their daughter and they are now living on only one income.

"I would tell them to come to our house for a week and see what it's like to live with a child like ours," said Mantha. "See the involvement that's needed -- the time and energy in terms of everything involved in our life."

Comment:

The Euthanasia Prevention Coalition, congratulates the hospital ethics committee for upholding basic ethics and not dehydrating to death an infant who was not otherwise dying.

We congratulate the ethics committee for making the correct decision and we think the judge should dismiss the case. If the judge decides that the child was better off dead, the precedent will create a situation whereby a physician and/or hospital may be forced to deny basic care, including fluids and food, from people who are not otherwise dying,"

The facts of this case seem clear. Phebe was born with significant disabilities and the doctors thought that she was better off dead. Since the ethics committee recognized that Phebe was not dying, and because they didn't believe that she was better off dead, they decided to continue to provide her basic care.

To cause a person, who is not otherwise dying, to die by dehydration, is euthanasia, because the omission intentionally causes the death of the person –the person dies of dehydration, not of an underlying illness.

We are convinced that the judge should consider the fact that a physician and/or hospital is not obligated to provide medical treatment or care that is deemed to be futile. In the same way, a physician and hospital should never be obligated to dehydrate people to death, who are not otherwise dying.

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live to end their lives prematurely. The fundamental purpose of people banding together, the first law of the social contract, is we come together to protect life, especially the weak, the lame, the disabled, those who might not be economic producers and generators because as a society we in America have always held life to be of intrinsic and incalculable value.

Now, instead of trusting God to determine the natural course of one's life, and turning to focusing on better compassionate care for those who have to deal with the challenges of end-of-life issues, Washingtonians can now play God and ask the state to assist them to die earlier than their natural course of life. It is a Faustian bargain I believe voters will come to regret, as folks soon realize the state and insurance companies

can and will more and more determine who lives and who dies, with economic issues overriding ethical concerns.

And if you think the state will protect you, guess again. Despite numerous concerns raised by physicians and others with the Department of Health regarding the shortcoming of Oregon's regulations, the department rubber-stamped Oregon's rules for Washington.

Thus, there is no adequate enforcement of the reporting requirements and no real transparency in this new law. Nor are there any real penalties for failure to report. Additionally the informed consent form is grossly inadequate. It requires less information and has fewer safeguards than the forms the department requires for mundane procedures like piercing

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Victories - Continued Concerns - Defeats:



By Alex Schadenberg
Director, Euthanasia
Prevention Coalition

In the past month, the Euthanasia Prevention Coalition has recognized the accomplishments of several victories while acknowledging that there have been several defeats and there are continued concerns.

The victories

Legislative initiatives to legalize assisted suicide have been brought forward in Hawaii, New Mexico, New Hampshire, Connecticut, Pennsylvania, Montana, and (Arizona?).

There were significant concerns about the legislative initiatives in Hawaii, New Hampshire and New Mexico but each of those bills were debated and tabled.

The bill in New Hampshire was particularly distressing but after the committee hearings the debate resulted in a few new members of the legislature becoming opposed to assisted suicide. The final vote in the committee to table the bill was 11 - 9.

In Connecticut and Montana, the bills were withdrawn.

We may face new attempts in each of these states next year to legalize assisted suicide. We are convinced that the euthanasia lobby is pressuring these politicians already to change their position on assisted suicide.

Continued Concerns

At the time of printing, Pennsylvania and (Arizona?) remain a mystery concerning the future of these legislative initiatives. We believe that they do not represent a current threat for the legalization of assisted suicide.

In Canada we continue to wait for Francine Lalonde (Bloc MP) to present her new bill to legalize euthanasia and assisted suicide in Canada.

On February 11, 2009 Lalonde said that her bill would be presented in parliament soon. We anticipate that her bill will receive the standard one hour of debate in Parliament later this Spring. A full-analysis of the Lalonde bill will be done when we have received the text of the bill.

In the UK, Patricia Hewitt, a Labour Party MP, is proposing that the government change its assisted suicide law to permit families to go to Switzerland with Suicide Tourists without fear of conviction in the UK. Debate will take place on her proposed amendment to the suicide act.

In France, a bill has been recently introduced to legalize euthanasia.

Defeats

The Washington state assisted suicide law came into effect in early March. There are news reports about a woman who is planning to be the first "victim" of the law.

Luxembourg legalized euthanasia on March 17th only after removing the requirement of the monarch - Grand Duke Henri to sign the bill into law. The Grand Duke refused to support the new euthanasia law thereby forcing the Chamber of Deputies to amend the Constitution, removing his historical power.

For regular updates, the link to Alex Schadenberg's blog, and information on the "Take the Pledge" campaign, go to www.epcc.ca

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one's ears. A physician is not required to be in attendance; indeed, while the request form requires two witnesses, there is no requirement for anyone, let alone an impartial observer, to witness the suicide.

The definition of mental competency is sorely lacking also, with no real requirement for counseling with mental health professionals even though we all know that almost always a desire to commit suicide is a sign of a depressed mind seeking to do what we once knew to be totally irrational. But suddenly this intrinsic wrong can be considered rational. What kind of Orwellian world are we

sinking into, my friends?

The list of shortcomings is much longer, but why bother? The people of this state sadly bought the classic pig in a poke, and few will care until they realize toward the end of their own lives that someone else is driving the decision on when and how life may end.



The writer, Chris Carlson, of Spokane, was given six months to live in November 2005 after being diagnosed with a rare and fatal form of neuroendocrine cancer. Last year he was the statewide chairperson of the Coalition Against Assisted Suicide, which opposed Initiative 1000.

So lift that cup of hemlock, my friends, and drink deeply from the draught of insanity being redefined as sanity, of the irrational being called rational, of your supposed newfound right to play God.

Final Exit Network leader defends the deaths of people with disabilities

An article by Greg Bluestein and Lindsey Tanner exposes the Final Exit Network's support for assisting the suicide of people with disabilities who are not terminally ill ("Leader of suicide ring defends work," Associated Press, March 17).

Stephen Drake, the research director for Not Dead Yet, a disability rights group, has been attacked for suggesting that the Final Exit Network supports assisted suicide for people who have disabilities. Have the critics of Stephen Drake apologized, now that Ted Goodwin, the past President of the Final Exit Network and the Vice-President of the World Federation of Right to Die Societies has defended assisting the suicides of non-terminal people with disabilities?

The Associated Press interview with Ted Goodwin states:

"A former assisted suicide network leader being prosecuted in a Georgia man's death is defending his group's practice of guiding people who want to kill themselves because they're suffering but not necessarily dying.

"At least three of the people known to have committed suicide through the Final Exit Network were not terminally ill. In his most extensive remarks since his arrest last month, Ted Goodwin told The Associated Press Tuesday that people with just months to live aren't the only ones who should be able to seek help committing suicide.

"These people who are terminally ill are blessed in a small way — there's a finite time for their suffering," said Goodwin, who stepped down as president of the network after his arrest. "But there are many, many people who are doomed to suffer interminably for years. And why should they not receive our support as well?"

The article exposes three cases where the suicide victim was not terminally ill. It states:

"Georgia authorities say John Celmer, the 58-year-old man whose suicide led to charges against Goodwin and three others, was making a remarkable recovery from cancer when the group sent exit guides to his home to show him how to suffocate himself using helium tanks and a plastic hood. And police say that in 2007, the group helped an Arizona woman named Jana Van Voorhis who was depressed but not terminally ill.

"The third person, Kurt Perry, a suburban Chicago resident who was to have been the group's next suicide, has a debilitating neurological condition that is painful but usually not fatal. The 26-year-old said frightening breathing lapses prompted him to seek support from the network."

In an interview on February 28, 2009 with a local television station, Sue Celmer, John's widow, stated:

"The last year-and-a-half of her husband's life was difficult. John Celmer endured surgery and radiation to rid him of oral cancer. That left him with a deteriorating jaw that required more surgery. Then there was also the constant pain from an arthritic hip.

"But there was tremendous hope. He had no cancer. He was not terminal. There were many things we were looking forward to do."

"I think they're misguided, I think they lack the insight of truth."

"His physical condition was curable. Any depression he had was treatable, and death is not."

Goodwin also disputed the claim by the investigators that he showed investigators how he holds down the hands of his suicide victim to prevent the person from removing the "Exit Bag" while being gassed with helium. The article stated:

"Goodwin, who is not a physician ... says the network helped guide nearly 200 people across the country die to but never actively assisted suicide. He says he was personally involved in 39 deaths.

"Goodwin would not comment on the suicide process, but disputed Georgia authorities' contention that guides held down members' hands to prevent them from removing the hoods they placed over their heads while they breathed helium.

"We do not hold hands down. We do not cause them to suffer," he said. "And this will be proven in a court of law — I promise you."

Goodwin realizes that if it is proven that Final Exit Network "Guides" are holding down the hands of their victims then they will be found guilty.

The article also indicated that there are concerns that some of the suicide victims were experiencing mental illness or chronic depression. Goodwin did admit knowledge of one case. The article stated:

"Goodwin says the vetting process was tightened in 2007, after questions about Van Voorhis' death.

"Goodwin defended the group's involvement, saying Van Voorhis suffered from other illnesses, but people who sought help after her were asked to detail their complete mental history.

"We believe that it is the right of every mentally competent adult to determine whether he or she is suffering,"

The Final Exit Network stated on the day after Washington state legalized assisted suicide that their group would assist the suicides for the people who do not qualify for assisted suicide under the Washington state law. The Final Exit Network was founded to assist the suicide of people who may not be terminally ill.

It doesn't matter how they 'dress it up' the Final Exit Network considers people with disabilities as qualified candidates for assistance with suicide. Stephen Drake, should not only be receiving apologies from his critics but he should be demanding that every media outlet that has covered the Final Exit Story print an article that exposes all of the truth behind the Final Exit Network.