



Euthanasia Prevention Coalition

NEWSLETTER

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Our response to Bill C-384

On May 13, 2009 Francine Lalonde, MP, introduced Bill C-384: An Act to amend the Criminal Code (right to die with dignity).

Bill C-384 would legalize euthanasia and assisted suicide in Canada for people who experience physical or mental pain or people who are terminally-ill.

The Euthanasia Prevention Coalition (EPC) needs our supporters to meet with their member of parliament (MP) during the summer months to dispel the myths about the Bill, to explain our primary points about the bill, and to find out the exact position of your MP on the issues.

When you meet with your MP it is good to go with a friend or another member of the group that you are representing. Your MP will recognize the importance of the meeting when you are not alone and/or representing a community group.

It is important to meet with your MP during the summer simply because they will be in the community and available to meet with constituents. (See "Talking Points" on page 4)

At the end of the meeting, we have a questionnaire that you can ask your MP to fill out in order to determine their position on the issue.

Please send EPC the comments by your MP during the meeting. We need to know the position of every MP.

If you are unable to meet with your MP we would then ask that you send a letter to your member MP and/or organize a postcard campaign in your community or group.

We have included a sample letter to your MP on the back of the donor letter. Please, if possible, make minor adjustments to the sample letter to ensure that your MP doesn't view your letter as a form letter.

Hand-written letters are more effective than postcards, but since many people will only respond in a simple manner, the postcards indicate to your MP that many people in their riding are opposed to Bill C-384.

The postcard campaign should be co-ordinated in September or October due to the fact that the first hour of debate on Bill C-384 will take place in late September.

EPC sends out the postcards for a donation of \$10 per 100 postcards + postage.

EPC is also designing a website to Stop Bill C-384. It will include all information, news articles and up-to-date responses to the Bill.

We will defeat Bill C-384 if we work together and recognize that there are common issues for all people.

For more information, or to keep up-to-date on the issues related to Bill C-384 go to our website at: www.epcc.ca

Bill C-384

Dispelling the myths

Here are the five most common myths promoted by the euthanasia lobby, and repeated by the media..

MYTH #1: "It is about a right to die with dignity."

Truth: Bill C-384 is not about dying with dignity or palliative care; it is about giving the power to a physician to directly and intentionally cause the death of individuals. **This bill will allow a medical practitioners to directly and intentionally cause death by lethal injection.**

MYTH #2: "It will legalize only assisted suicide."

Truth: Bill C-384 amends section 222 and 241 of the Criminal Code. **This bill aims to legalize both euthanasia and assisted suicide.**

MYTH #3: "It is limited to terminally ill people."

Truth: Bill C-384 states that people who experience physical or mental pain or terminally-ill would be eligible for euthanasia or assisted suicide. **This bill also allows people who experience chronic physical and mental pain to die by lethal injection and it does not define terminally-ill.**

MYTH #4: "It is limited to competent people who are not depressed."

Truth: This bill measures competency based on "appearing to be lucid". To appear to be lucid does not mean a person is actually competent, only that they appear to be. **This bill is not limited to people who are actually lucid and would allow people who experience chronic depression to die by euthanasia or assisted suicide.**

MYTH #5: "It is not a threat to the lives of people with disabilities or other vulnerable people."

Truth: This bill allows euthanasia and assisted suicide for people with chronic physical or mental pain, on condition that they "appear to be lucid." Many people with disabilities experience chronic physical or mental pain.

This bill directly threatens the lives of vulnerable people with disabilities especially when the medical practitioner has a negative perception of disability. It allows euthanasia for physical and mental pain and it does not define terminally-ill.

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How I didn't die - Part 1

*“If my family had listened to the doctors 12 years ago,
I wouldn't be alive to tell my story.”*

by Terrie Lincoln

June 16, 2009 - reprinted with permission from the Center for Disability Rights (www.cdrnys.org) and Not Dead Yet (www.notdeadyet.org)

My name is Terrie Lincoln and I am a 31 year-old quadriplegic. I live in Rochester, New York, and work as a Systems Advocate at the Regional Center for Independent Living. I have a degree in social services and a bachelor's degree in public administration. I am currently working on my master's in social work.

At the age of 19, I had an automobile accident, which severed my spine and broke my neck.

I was air-lifted to a nearby hospital in West Virginia. The doctors then told my parents they were going to do emergency surgery on my neck — a neck fusion. They had to put a plate in my neck. The doctors also told my parents while I was being prepped that there was no way I could survive a broken neck. They said nobody lives with a broken neck. My Mom said: “We'll see about that.”

The surgery turned out well and I started recuperating. While I was lying in the hospital bed that did not rotate because they did not want to injure me more, the doctors would come in and ask my mom if she was ready to pull the plug on me. “Why would I want to do that?” she would ask? The doctors answered, “What kind of life will she have— she won't. She won't be able to dance, walk, work, have a social life, or be independent.”

My mom, being the strong woman she is, asked the doctor if he would pull the plug on his own son/daughter. He walked out without answering. The next day when the doctor came in my dad was there with my mom. The doctor informed us that I was going to be in a “veggie” state for the rest of my life.

In discussion with my parents, the

doctor said that any good mother would pull the plug instead of seeing their baby suffer. My mom was furious.

The doctors must have known they were fighting a battle they were not going to win. They knew they were killing me slowly with the lack of care I was receiving. Within 15 days of being there, I had no bowel movement (they were scared to roll me), aspirated, had pneu-



Terri Lincoln is a Systems Advocate at the Regional Center for Independent Living in Rochester, New York.

monia, and collapsed lungs which they did not want to focus on at the moment. I was flown to Columbus, Ohio.

Once there, we felt I was on my way to recovery. I had a new team of doctors who specialized in spinal cord injuries. The relationships with the doctors started off more positive than the last set until the first time I died, which was about 3 weeks after I arrived. I was a code blue and they resuscitated me but didn't offer any suggestions on how to inflate my lungs or help me breathe.

Over the weeks I got worse and worse. Pneumonia was causing my lungs to fill and I was constantly flat lining (electrical time sequence measurement that shows no heart activity). The team of doctors asked: do you want to pull the plug? They said you could take her off her feeding tube and we could induce her into a coma and she won't suffer.

It took my mom following one of the doctors around all day and to his car at the end of his shift to get him to open up and talk. She went into his office and grabbed a picture of his family and held it up to him and asked, “What would

you do? Would you let them pull the plug on the one you loved without doing everything you could?”

My mom came back to my room and I remember seeing her cry for the first time. She held my hand, said a prayer, and promised me everything would be OK. She said she would fight to the end even if she had to tear the hospital apart.

The doctors came in the next morning earlier than usual and told us they were prepping me for surgery. My mom asked what kind. He said he couldn't sleep the night before because of her and he was going to put me on a ventilator, which would breathe for me. When I got out of surgery they had a rotating bed waiting for me. The bed helped with weight shifts and shook — to help break up the stuff in my lungs.

After a matter of weeks, my health started improving. I had color back, no bed sores, regular bowel movements, and my pneumonia was improving. I got released after 3 months from the main hospital to a nursing home within the hospital. This section was for people who were in poor condition (not expected to make it) and those who had to live with a ventilator.

During the time I was there I shocked everyone. I refused to have my feeding tube, G-tube, and J-tube anymore. I was tired of being poked and going in and out of surgery for no reason. I felt safer and healthier having the tubes out instead of in.

We started working on goals and weaning off the ventilator. We knew my health was improving and we were thanking Jesus every day. I was spending hours a day off the ventilator and the doctors were still asking if I wanted to live the rest of my life with this condition. If I chose no, they would keep me off the ventilator and I would die. I could get injected with morphine so I couldn't feel it.

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Nadia's mother speaks out at press conference

At a press conference on June 15, 2009, Harold Albrecht, MP (Kitchener-Conestoga), explained why he introduced Motion 388 in the House of Commons.

It was in response to the suicide death of Nadia Kajouji, 18, a Carleton Uni-



Nadia Kajouji

versity student who ended her life after being counselled over the Internet by William Melchert-Dinkel, a suicide predator, who lives in Minnesota.

Motion 388 states, "That,

in the opinion of the House, for greater certainty, the government should take steps to ensure that counselling a person to commit suicide or aiding or abetting a person to commit suicide is an offence under section 241 of the Criminal Code, regardless of the means used to counsel or aid or abet including via telecommunications, the Internet or a computer system."

Nadia's mother, Deborah Chevalier asked that members of parliament sup-

port Motion 388 to ensure that these criminal acts are convicted.

"The fact is our existing laws already make this a crime," Chevalier stated, "but the sad reality is that as long as there are predators who believe the Internet is some kind of exclusive sanctuary and as long as there are police officers who believe, for some unwritten reason, that the Internet is not governed by our existing laws, this clarification is very much needed."

Albrecht stated, "Stories like this make it necessary to clarify our laws in order to remove any doubt surrounding the issue of counselling to commit suicide. ... While the Internet is deemed a haven for free speech, it is important to protect individuals like Nadia from committing suicide at the encouragement of a predator."

Professor of Law David Paciocco told the Ottawa Citizen, "The law is strong enough to support charges against someone like Melchert-Dinkel (who allegedly established a suicide pact with Nadia). The concept of "abetting" is broad and includes encouragement."

"Jurisdiction is not a real issue in a case like this," Paciocco said. "... there's a sufficient nexus between the offence and the act of the accused to give

the Canadian courts jurisdiction."

Motion 388 is designed to clarify the law in relation to suicide predators via the Internet. If the law is strong enough to support charges, then charges should be laid and Melchert-Dinkel should be extradited to face trial.

Contact the Euthanasia Prevention Coalition to obtain a copy of the petition in support of Motion 388.

Montana woman who was denied assisted suicide dies of natural causes

Janet Murdoch, 67, who campaigned for "death with dignity," died Sunday June 14, after a battle with ovarian cancer. Although she sought her doctors' help in her death – she could not find a physician in Montana willing to prescribe a lethal dose of drugs to assist her suicide. Finally, she refused food and water.

Montana physicians continue to be unwilling to directly and intentionally cause their patients' death. After District Judge Dorothy McCarter's December ruling in favour of legal assisted suicide, the Montana Medical Association adopted a policy that states that the group "does not condone the deliberate act of precipitating the death of a patient."

The policy states that the organization acknowledges that some treatments to eliminate pain and suffering could hasten a patient's death, but "does not accept the proposition that death with dignity may be achieved only through physician-assisted suicide."

Dr. Kirk Stoner, president of the MMA, says assisted suicide goes against the group's ethics.

"Our reason for being is to care for our patients," he said.

Sources: *The Missoulian* newspaper (<http://www.missoulian.com/>) *The Flathead Beacon* (<http://www.flatheadbeacon.com/>); *LifeNews* (life-news.com/)

How I didn't die (continued from page 2)

They'd work at my parents, saying things like: "Your daughter was so active before this accident and now she's nothing. She's just like Christopher Reeve, she will need help with everything, she won't be able to push her own chair. She will have to use a sip and puff device."

Then they'd work on me. Saying stuff like: "Are you sure this is something you can live with? Do you want to spend the rest of your life on a ventilator?"

These are all the things we heard every day even though my health was improving. What gives them the right to convince someone to end their life?

My respiratory therapist said when I get off the ventilator completely I could go to physical therapy. One Friday we

did our daily disconnecting of the ventilator - but this time we never connected it back. I ended up staying off of the ventilator for good.

Weeks later I started therapy and eventually got discharged after 5 months of being in the hospital. When I returned for my follow-up appointment a year later I made it a priority to see that team of doctors. When I rolled into the offices pushing my own power chair, without a ventilator, and healthy as can be, their jaws dropped to the floor and their eyes began to fill with tears.

Through my journey, I could not have done it without my two biggest advocates—Jesus and my mommy. She never stopped fighting from day one and never took no for an answer.

“Talking Points”

when you contact your M.P. about Bill C-384

Bill C-384 is a dangerous bill; there is nothing redeeming or worth amending in it. Nonetheless, we need to remain focussed on why the bill is so bad.

Definitions:

Bill C-384 legalizes both euthanasia and assisted suicide.

Euthanasia is the act of one person directly and intentionally causing the death of another person, usually through medical means, such as injecting lethal drugs. In the case of euthanasia, one person ends the life of the other person.

Assisted Suicide is when one person directly and intentionally aids, abets or counsels the other person ending their own life.

STOP Bill C-384!

Main Points:

POINT #1 - Bill C-384 is not about a right to die with dignity. The bill does not create greater access to excellent end-of-life care and it doesn't actually create a right to die.

Bill C-384 would give a medical practitioner the right to directly and intentionally cause the death of another person.

POINT #2 - Bill C-384 is not about creating more end-of-life choices for the terminally ill.

Bill C-384 does not promote palliative care, it does not enhance services for people with chronic conditions. Bill C-384 is about giving medical practitioners the right to directly and intentionally cause the death of another person.

POINT #3 - Bill C-384 doesn't provide any effective safeguards for vulnerable people. Consider the following:

Bill C-384 is not limited to the terminally ill, but permits people with chronic physical or mental pain to die by lethal injection.

Bill C-384 does not define terminally ill.

Bill C-384 defines competency based on “appearing to be lucid”. It does not require a person to actually be lucid.

Bill C-384 permits medical practitioners to lethally inject people who are incompetent, so long as they stated their intentions while “appearing to be lucid”.

Bill C-384 does not require that individuals try all effective treatments before receiving a lethal injection.

Bill C-384 permits people with chronic depression to die by lethal injection, even when they have rejected effective treatments.

Bill C-384 permits foreign tourists to die by lethal injection in Canada.

Media Release

Council of Canadians with Disabilities (CCD) Opposes Bill C-384

Winnipeg Manitoba —
June 17, 2009

The Council Of Canadians With Disabilities (CCD) believes that everyone who supports disability rights should oppose Bill C-384 which would legalize euthanasia and assisted suicide and put Canadians with disabilities at risk! CCD is a national human rights organization of persons with disabilities working for an accessible and inclusive Canada.

C-384, the private member's bill to legalize euthanasia and assisted suicide in Canada received its first reading last month. Bill C-384 was introduced by the Bloc Québécois Member of Parliament - Francine Lalonde. This is Lalonde's third attempt to legalize euthanasia and assisted suicide in Canada.

Bill C-384 legalizes euthanasia by

amending section 222 of the Criminal Code and it legalizes assisted suicide by amending section 241 of the Criminal Code.

“Called the “Right to Die with Dignity” Act, this bill threatens the lives of Canadians with disabilities. Its selling points are the notions of “dignity,” and “suffering.” However, the bill never explains what these terms mean. How do we measure dignity? What is suffering?” states Rhonda Wiebe, Co-Chair of CCD's Ending of Life Ethics Committee. These terms are based more on social values than scientific ones, but this bill proposes that a “medical” and “legal” solution be the remedy for people whose lives are not “dignified” and who “suffer.”

“Living without dignity and suffering are common misperceptions that able-bodied Canadians have about the lives

of their fellow citizens with disabilities. Bill C-384 does nothing to protect those who find themselves socially devalued in these ways,” states Dean Richert, Co-Chair of CCD's Ending of Life Ethics Committee.

Social support and meaningful involvement in the community are more important for the well-being of people with disabilities than the severity of their disabilities. Assisted suicide is not a free choice as long as they are denied adequate healthcare, affordable personal assistance in their communities, and equal access to social structures and systems.

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