Euthanasia Prevention Coalition
NEWSLETTER
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Be part of the strategy to defeat Bill C-384

The strategy to defeat Bill C-384 has already achieved significant success. But have you done your part yet?

The Euthanasia Prevention Coalition (EPC) has asked our supporters to meet with their Members of Parliament during the summer recess. We have provided a package for meeting with your MP. We have sent out packages to more than 100 supporters.

As a result of the MP visiting campaign, we have obtained information about many MPs that we did not previously have. We cannot defeat Bill C-384 without information about nearly every MP in Canada.

The fall session of parliament resumes on September 21. You still have time to get an MP package from our office and meet with your MP. Call us at: 1-877-439-3348.

If you already have enough information about Bill C-384, you can simply meet with your MP and ask him/her the questions on the MP questionnaire that is on the back of the letter that is included in this mailing.

Sample letters are included in the MP package and are also on our website. The letters are designed to give you an idea of what to write to your MP. Please adjust your letters to make them your own rather than appearing like a form letter.

EPC has also designed Bill C-384 post cards that we are distributing at a cost of $10 per 100 cards + postage. This is an inexpensive way to get a huge response in your community to stop Bill C-384.

Since parliament begins its fall session on September 21, we are advising our supporters to run the post card campaign in early to mid September and to mail the post cards by September 21.

We have now distributed nearly 50,000 parliamentary response cards. Our hope is to distribute 100,000 cards before second-reading vote.

Bill C-384 received first-reading on May 13, 2009. It is currently scheduled to receive its first-hour of debate on September 29. It will receive its second-hour of debate sometime in November. After the second-hour of debate it will proceed to a vote at second-reading. Our goal is to soundly defeat Bill C-384 at second-reading.

We will only be successful if you are also involved in the campaign.

Attend our Leadership and Strategy Seminar in Ottawa

The **Euthanasia Prevention Coalition** and the **Manning Centre for Building Democracy** are organizing a Wilberforce Weekend leadership and strategy seminar in Ottawa - November 13-14, 2009 at the University of Ottawa. We are seeking more partners in the event.

The purpose is to bring people together from differing backgrounds to examine the strategies that William Wilberforce employed in his campaign to outlaw slavery. We will then examine the issues of euthanasia and assisted suicide within a "Wilberforce framework."

The cost of participation in the Wilberforce Weekend is $99. We urge all leaders to attend the seminar. We encourage students and persons with disabilities to attend this important seminar.

We hope to achieve new insights into building a wider and more effective coalition against euthanasia and assisted suicide.

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Doctors should kill the pain, not the patient

Euthanasia debate should not be confused with the need for pain-relief management

By Margaret Somerville - Reprinted with permission
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Euthanasia is back in the news with the Quebec College of Physicians "tentatively proposing" legalized euthanasia. The college says that it could be seen "as part of appropriate care in certain particular circumstances."

An Ottawa Citizen editorial interprets this to say: "Terminally ill patients sometimes require increased dosages of painkillers to alleviate their pain although that can prove fatal. It certainly happens across the country that terminally ill patients are sometimes quietly given more painkillers despite the risk that they could die as a result. Many people would conclude that is the most humane course of action."

We can all endorse the last sentence: People in pain have a right to fully adequate pain-relief treatment. But that does not entail endorsing euthanasia, as pro-euthanasia advocates propose.

The pro-euthanasia lobby has deliberately confused pain-relief treatment and euthanasia to promote their cause. Their argument is that necessary pain-relief treatment that could shorten life is euthanasia; we are already giving such treatment and the vast majority of Canadians agree we should do so; therefore, we are practising euthanasia with the approval of Canadians so we should come out of the medical closet and legalize euthanasia. Indeed, they argue, doing so is just a small incremental step along a path we have already taken.

It's true and welcome that the vast majority of Canadians agree we should give fully adequate pain relief, but the pro-euthanasia lobby is wrong on all its other claims.

We need to distinguish treatment that is necessary to relieve pain, even if it could shorten life (which is a very rare occurrence if pain relief is competently prescribed), and the use of pain-relief treatment as covert euthanasia. The former is not euthanasia, the latter is.

The distinction hinges on the physician's primary intention in giving the treatment. Pain-relief treatment given with a primary intention to relieve pain and reasonably necessary to achieve that outcome is not euthanasia, even if it does shorten the patient's life. Any intervention, including the use of pain-relief drugs, carried out with a primary intention of causing the patient's death and resulting in that outcome, is euthanasia.

Acting with a primary intention to kill is a world apart from acting with a primary intention to relieve pain. And this is not a novel or exceptional approach. The law recognizes such distinctions daily. If we accidentally hit and kill a pedestrian with our car, it is not murder. If we deliberately run him down with our car intending to kill him, it is.

It is a tragedy for patients, especially those who are terminally ill and in pain, and a major disservice to physicians, nurses and humane and good medical care to confuse these situations as the college seems to do. Physicians and patients become frightened of giving and accepting adequate pain relief.

Physicians should not fear that giving adequate pain-relief treatment is unethical or illegal; in fact, they should fear the ethical and legal consequences of not doing so. It is now generally accepted in the palliative-care literature and practice that it is a breach of human rights to unreasonably leave a person in pain; that doing so is medical negligence (malpractice); and, I believe, in extreme cases, it should be treated as criminal negligence - wanton or reckless disregard for human life or safety. It is torture by willful omission.

The proper goal of physicians is to kill the pain ... not to become society's executioners - which is what euthanasia entails, no matter how merciful or compassionate our reasons.

The proper goal of medicine and physicians is to kill the pain. It is explicitly not their role to kill the patient with the pain - to become society's executioners - which is what euthanasia entails, no matter how merciful or compassionate our reasons.

Even most people who support legalizing euthanasia believe its use needs to be justified, usually as being necessary to relieve pain and suffering. Surveys of the general public that ask the question "Do you believe people in terrible pain should have access to euthanasia?" reflect that belief. But again this approach causes confusion between pain relief and euthanasia. It makes euthanasia the treatment for pain, and it makes it impossible for people to agree that all necessary pain relief must be provided, without also endorsing euthanasia. Respondents have either to agree to both pain relief and euthanasia or to reject both. Of course, to have the public endorse euthanasia might be the goal of some of these surveys.

Rights to pain-relief treatment will, however, be nothing more than empty words unless that treatment is accessible. If, as I do, we believe legalizing euthanasia or physician-assisted suicide would be a terrible mistake for society, we have serious obligations to ensure fully adequate pain-relief treatment is readily available to all Canadians who need it.

As to why legalizing euthanasia would be a terrible mistake, ask yourself the questions, "How would I not like my great-great-grandchildren to die?" and "What values do I want to pass on to the world of the future?" For some tentative answers, have a look at the 30-year history of legalized euthanasia in the Netherlands.

***Margaret Somerville** is director of the Centre for Medicine, Ethics and Law at McGill University, and author of: Death Talk: The Case against Euthanasia and Physician-Assisted Suicide (2001)*

EPC responds to opinion poll in Quebec

An Angus Reid poll of 800 adults in Quebec (August 4-5) found that 77% of respondents agree with Euthanasia, 75% supported the Collége des médecins du Québec opening the euthanasia debate, with 72% believing that Canadians should have the right to refuse medical treatment that could save their lives.

Legalizing euthanasia would give another person (usually a physician) the right to directly and intentionally cause the death of another person. Assisted suicide means giving a person (usually a physician) the right to be directly and intentionally involved with causing the death of a person.

It is likely that some people are confusing euthanasia with the right to refuse medical treatment.

Euthanasia and assisted suicide are usually viewed as issues of personal autonomy. They in fact represent a loss of autonomy because the acts require another person to be directly and intentionally involved with causing a persons death.

The validity of this poll comes into question when one considers the results and the context of the poll.

Canadians already have the right in law to refuse medical treatment that could save their lives. It is interesting that there is more support for euthanasia (77%) than for the right to refuse medical treatment (72%). Would the level of support for euthanasia change if the respondents knew that Canadian law already allows them to refuse medical treatment?

It is very concerning that this poll indicated that 58% of the respondents supported euthanasia for people who were not terminally ill but living with an incurable illness. The poll also indicated that 40% of the respondents supported euthanasia for newborns with disabilities. In the Netherlands, the Groningen Protocol was developed to take the life of newborns with disabilities. People with disabilities need to be concerned about negative attitudes toward people with disabilities and incurable conditions.

The Euthanasia Prevention Coalition participated in a 2005 Angus Reid survey of 1,122 participants from across Canada. Our polling found that the responses of Canadians differed based on the context of the question.

Our poll was a series of ten questions whereby the first question we asked resulted in a similar support for assisted suicide as the current poll. We then asked eight further questions with the tenth question being a near restatement of the first question. The response to the tenth question was that 45% of Canadians supported the legalization of assisted suicide, 39% of Canadians opposed the legalization of assisted suicide while 16% were undecided. In other words, when people have a chance to think about assisted suicide with respect to its related issues and societal impact, the support drops.

The response to the other eight questions were very interesting.

- 77% believed that vulnerable Canadians might be euthanised without consent, even with safeguards in place.
- 75% believed that recent assisted suicide cases are not reason enough to change the current law.
- 69% believed that the law should discourage suicide by restricting the promotion of devices and methods.
- 67% believed that legalizing assisted suicide would increase the suicide rate.
- 54% believed that guaranteeing pain control and good hospice care was a higher priority than legalizing euthanasia or assisted suicide.
- 69% are more concerned about protecting vulnerable Canadians than legalizing assisted suicide with 16% undecided.

It is important to note that our poll showed that the majority of Canadians were more concerned about protecting vulnerable Canadians and guaranteeing pain control and good hospice care rather than legalizing assisted suicide.

Thus, support for euthanasia or assisted suicide can only be determined once it has been placed in a social context.

The assisted suicide issue in the UK

During the past several years the issue of assisted suicide has been debated extensively in the UK. Lord Joffe presented several bills in the House of Lords to legalize assisted suicide, while high profile cases have challenged the law by going as suicide tourists to die at the Dignitas clinic in Switzerland.

The UK government recently decided to change the assisted suicide law in the UK to enable authorities a greater likelihood of conviction in cases where suicide predators counsel victims via the internet. The euthanasia lobby jumped onto the proposed changes to the assisted suicide law as an opportunity to create loopholes in the law. The UK parliament rejected the proposed changes by a 194 to 141 margin. The Care Not Killing Alliance in the UK effectively won the day.

The other issue has been the battle by Debbie Purdy to get the Director of Public Prosecutions in the UK to guarantee that her husband could go with her to the Dignitas suicide clinic in Switzerland without fear of prosecution. At the end of July, the Court (law Lords) ordered the Director of Public Prosecutions to publish an offence-specific policy statement to make it clear when one can expect to be prosecuted and when one is free from prosecution.

The Care Not Killing Alliance in the UK responded by urging the Director of Public Prosecutions to uphold the intent of the current assisted suicide law. They also pointed out that the Court recognized that the policy statement could not guarantee that Purdy's husband could not be prosecuted and that any change in the law is the responsibility of parliament.

It appears that the euthanasia lobby in the UK is attempting legalize euthanasia by stealth.

Meanwhile the Swiss government is discussing imposing stricter guidelines on suicide tourism. There are many concerns about the activities of the Dignitas clinic especially their policy of encouraging suicide tourism.

Assisted suicide and depression

Does legalized assisted suicide turn a blind eye to mental health suffering?

By Derek Miedema
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Member of Parliament Francine Lalonde (BQ) is currently engaged in her third attempt to legalize euthanasia and assisted suicide in Canada. She is pitching her Private Members' Bill C-384, "An Act to amend the Criminal Code (right to die with dignity)", as compassionate. She no doubt intends that her bill would be seen as granting suffering individuals increased rights—the right to choose the time and place of death.

However, the bill fails to address some truly compassionate elements of medical treatment, in particular, depression treatment. Requests for assisted suicide are frequently accompanied by depression, and depression is treatable. The proposed bill includes no requirement to seek professional counseling in order that a depressed person could gain hope for the future alongside a renewed will to live, despite a Dutch study found that almost 25 per cent of terminal cancer patients were suffering from depression.[1] This same study found that "the risk of a request for euthanasia by patients with depressed mood was 4.1 times higher than that of patients without depressed mood." When the study began, the researcher stated that her hypothesis was that there was no link between euthanasia and depression and yet her study found otherwise.[2] A 1995 Canadian study found that "the prevalence of diagnosed depressive syndromes was 58.8 per cent among patients with a desire to die and 7.7 per cent among patients without such a desire."[3]

Understanding that depression is treatable is vital to our understanding of end-of-life issues for the terminally ill. One expert who contributes to dignified death through palliative care is Dr. Harvey Chochinov, a palliative care specialist in Winnipeg. He has designed a therapeutic method to restore dignity to terminally ill patients in whom it has been weakened. "Dignity therapy" has been shown in research trials to restore the dignity of terminally-ill patients while decreasing their suffering and depression, no death involved.[4]

Dr. José Pereira, an Ottawa-based palliative care doctor who worked for three years in Switzerland (where assisted suicide is allowed), told journalist Lorna Dueck recently on Listen Up TV about his experience working in Switzerland. The number one lesson he learned there was about "the importance of ensuring that there's excellent access to palliative care for anyone who has a progressive incurable illness."[5] His experience in palliative care also leads Dr. Pereira to call for the term of dignity to be removed from discussions of assisted suicide, since "around the world, thousands of people die receiving palliative care in a very dignified way."[6]

Bill C-384 must proceed through three rounds of debate and one committee examination in each of the House of Commons and the Senate before it could become law. The bill is scheduled for its first round of debate this fall. The Bill as it stands is not likely to pass, but if it reaches committee after this upcoming debate, MPs would be free to propose changes to the bill to make it more palatable to their colleagues.

Language matters. And although assisted death advocates insist this is about dignity, Canadians will need to consider a basic reality. Is death more dignified than treatment? Which is a more dignified end to depression -- assisted death,or treatment that may provide an increased will to live?

Endnotes

[1] van der Lee, M., et al. (2005). Euthanasia and Depression: A Prospective Cohort Study Among Terminally Ill Cancer Patients. Journal of Clinical Oncology, 23:6607-6612. Retrieved July 27, 2009 from http://jco.ascopubs.org/cgi/reprint/23/27/6607

[2] Ibid.

[3] Chochinov, H.M., et al. (1995). Desire for Death in Terminally Ill Patients. American Journal of Psychiatry, 152: 1185-1191.

[4] For a good explanation of dignity therapy online check: http://www.cancer.ca/manitoba/cancer%20research/mb-manitoba%20researchers/dr%20harvey%20chochinov.aspx?sc_lang=en. Retrieved July 27, 2009; Chochinov, H. et al. (2005). Dignity Therapy : A Novel Pyschotherapeutic Intervention for Patients Near the End of Life. Journal of Clinical Oncology, 23:5520-5525.

[5] Listen Up TV. (2009). Helping People Die Well. Video accessed July 27, 2009 at:
http://listenuptv.com/listenup/video?video_id=130

[6] Ibid.

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Court hearing in Montana on assisted suicide

The Supreme Court in the state of Montana will hear arguments for and against assisted suicide on September 2. The state of Montana has appealed the December 2008 decision by Judge Dorothy McCarter that legalized assisted suicide in that state. McCarter's decision was based on a radical interpretation of privacy.

The International Task Force on Euthanasia and Assisted Suicide, Disability and other concerned groups have submitted Amicus briefs to the Court.